

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No. 2019-001394

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SC Court of Appeals

Beverly Bequeath-Collom, Employee,Appellant

v.

SC Department of Education, Employer, and
SC State Accident Fund, Carrier,Respondents

RECORD ON APPEAL

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Appellate Panel Decision and Order dated July 23, 2019.....	1-10
Employee's Notice of Claim and/or Request for Hearing served April 15, 2014.....	11
Employer's Answer to Request for Hearing dated April 30, 2014.....	12
Consent Order dated November 18, 2014.....	13-14
Employee's Notice of Claim and/or Request for Hearing served September 14, 2015.....	15
Employer's Answer to Request for Hearing dated October 13, 2015.....	16
Employee's Notice of Claim and/or Request for Hearing served May 24, 2016.....	17-18
Employer's Answer to Request for Hearing dated June 21, 2016.....	19
Consent Order dated August 18, 2016.....	20-21
Transcript of the Deposition of Beverly Bequeath-Collom taken on September 13, 2016.....	22-73
Transcript of the Deposition of Mike O. Tyler, Jr., MD taken on September 28, 2016.....	74-96
Employee's Notice of Claim and/or Request for Hearing served December 21, 2016.....	97-98
Employee's Notice of Claim and/or Request for Hearing served January 9, 2017.....	99-100
Employer's Answer to Request for Hearing dated February 7, 2017.....	101
Employer's Request for Hearing served September 13, 2017.....	102
Transcript of Hearing on January 18, 2018.....	103-134
Decision and Order filed December 17, 2018.....	135-146
Transcript of Full Commission Hearing on March 18, 2019.....	147-168
Claimant's APA pp 1-156.....	169-325
Claimant's hearing Exhibit 1.....	326-327

APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1315486

BEVERLY BEQUEATH-COLLOM, EMPLOYEE. CLAIMANT/APPELLANT

VS.

SC DEPARTMENT OF EDUCATION, SC STATE ACCIDENT FUND.
DEFENDANTS/RESPONDENTS.

Appellate Panel Review Hearing
held in Columbia, South Carolina,
on March 18, 2019, per notices
timely and properly served upon
all parties of interest.

Appellate Panel Decision and Order

filed, July 23, 2019

APPEARANCES: CLAIMANT/APPELLANT represented by Everett Hope Garner, Esquire, of
Columbia, South Carolina; and
DEFENDANT/RESPONDENT represented by Ashley K. Dixon, Esquire, of
Columbia, South Carolina.

STATEMENT OF THE CASE

This is an appeal by Beverly Bequeath-Collom ("Appellant" or "Claimant") from the Decision and Order of Commissioner Aisha G. Taylor ("Hearing Commissioner") filed on December 17, 2018.

By way of background, the claimant filed a Form 50 Hearing Request on April 21, 2014 asserting that she sustained an injury by accident resulting in injuries to her back and neck on July 12, 2013. She requested additional medical treatment for the same, to include a cervical fusion. Defendants timely filed a Form 51 admitting an injury to the claimant's lumbar spine only and denying the claimant's alleged neck injury on April 30, 2014. A Hearing was subsequently set for August 4, 2014. Prior to the scheduled Hearing, parties entered into a Consent Order to allow time for additional discovery. The Consent Order was served on November 18, 2014.

After entering into the Consent Order, the claimant continued to seek unauthorized medical treatment for her neck. Defendants continued to deny this treatment. The claimant paid for the unauthorized treatment through her personal health insurance with Blue Cross Blue Shield and/or Medicare. Dr. Mike O. Tyler performed an unauthorized anterior cervical discectomy and partial corpectomy fusion on November 25, 2014. The claimant did not request authorization for the procedure from defendants prior to undergoing to unauthorized surgery. The claim was closed with the Commission on December 6, 2014 by way of a Form 19.

The claimant filed a second Form 50 Hearing Request on September 17, 2015 seeking retroactive reimbursement for the unauthorized cervical fusion performed by Dr. Tyler on November 25, 2014. Defendants timely filed a Form 51 on October 15, 2015 admitting an injury to the claimant's lumbar spine only and continuing to deny the alleged injury to the claimant's neck.

Following the submission of Pre-Hearing Briefs by both parties, the claimant ultimately withdrew her Form 50 Hearing Request on November 30, 2015. The claimant reinjured her neck on February 16, 2016 while shopping for groceries. This subsequent accident was wholly unrelated to her employment. The claim was again closed with the Commission on February 22, 2016 by way of a Form 19.

The claimant filed a third Form 50 Hearing Request on May 26, 2016. Defendants timely filed a Form 51 on June 23, 2016 denying the claimant's alleged neck injury. A Hearing was subsequently scheduled for August 31, 2016 in Columbia, South Carolina. Prior to the Hearing, parties entered into a Consent Order to allow time for additional discovery. The Consent Order was served on August 16, 2016. Defendants took the claimant's deposition on September 13, 2016 and the deposition of Dr. Tyler on September 28, 2016.

The claimant filed a fourth Form 50 Hearing Request on December 20, 2016 alleging injuries to her neck, back, and left arm. The Form 50 was returned due to improper service. The claimant refiled the Form 50 Hearing Request on January 11, 2017. Defendants timely filed a Form 51 on February 9, 2017 admitting an injury to the claimant's back only and denying all other injuries as alleged. A Hearing was subsequently scheduled for April 3, 2017 in Columbia, South Carolina. Following the submission of both parties' Pre-Hearing Briefs, the Hearing was reset for April 25, 2017 in Columbia, South Carolina before the Hearing Commissioner. At the Pre-Hearing Conference, the Hearing Commissioner ordered Mediation. The Order was served on May 8, 2017. The Mediation took place on August 22, 2017. A settlement was not reached.

This claim was before the South Carolina Workers' Compensation Commission pursuant to the Form 21 filed by defendants on September 15, 2017. Defendants sought to pay permanency

for the claimant's lumbar spine. A Hearing was subsequently set for October 26, 2017 in St. Matthews, South Carolina before the Hearing Commissioner. Prior to the scheduled Hearing, the claimant requested a postponement due to a long-standing trip. The Hearing was reset for January 18, 2018. The claimant sought a finding of compensability for both her neck and lower back, to include reimbursement from defendants for the unauthorized medical treatment she obtained for her neck under her personal insurance and/or Medicare; specifically, she sought reimbursement for the cervical fusion performed by Dr. Tyler. Additionally, the claimant contended she was entitled to temporary total disability (TTD) benefits for the brief period of time she was out of work following her surgery.

Defendants maintained their denial of the claimant's alleged neck injury. Defendants also took the position that they were not responsible for reimbursing the claimant for the non-emergent, unauthorized medical care she received. Defendants contended the claimant had reached maximum medical improvement (MMI) as it related to her lumbar spine and sought a determination of permanent disability, if any, for the same. Finally, defendants asserted the claimant was not entitled to TTD benefits. The Hearing Commissioner left the record open to allow the claimant to submit post-Hearing evidence, if so desired. The claimant informed the Hearing Commissioner through counsel on February 13, 2018 that she wished to rely on the record as it currently stood and requested that the record be closed without the submission of any additional evidence. Accordingly, the record was closed on February 13, 2018.

Order Instructions were sent to the parties on July 11, 2018. The Hearing Commissioner determined that the claimant sustained compensable injuries to the lumbar and cervical spines only. Specifically, she determined that the claimant aggravated her pre-existing cervical spine

issues. The Hearing Commissioner also found that although the claimant had a subsequent incident involving her neck in February 2016, the incident was not sufficient to break the chain of causation as to the defendants' liability for the claimant's cervical spine injury. The Hearing Commissioner also determined that defendants were not liable for any unauthorized medical treatment the claimant received for her neck injury from April 11, 2014 through December 17, 2018, the date of the Hearing Commissioner's Order. The Hearing Commissioner opined the medical treatment obtained by the claimant through her own means was non-emergent in nature and therefore not subject to reimbursement from the defendants pursuant to S.C. Code Ann. §42-15-60.

The Hearing Commissioner found that the claimant requested a Hearing on the issues of compensability and entitlement to medical treatment for her neck, but subsequently agreed to postpone the Hearing scheduled for August 4, 2014 via Consent Order. Despite consenting to not go forward with the scheduled Hearing, the claimant continued to seek unauthorized medical treatment for her neck. The Hearing Commissioner determined the claimant had reached MMI for both her lumbar and cervical spine injuries. She assigned twenty percent (20%) permanent partial disability (PPD) to the claimant's back due to both her lumbar and cervical spine injuries.

The Hearing Commissioner also determined that the claimant was not entitled to any additional medical treatment for her lumbar or cervical spine, outside of lifetime repair, replacement, or removal of her cervical hardware pursuant to S.C. Code Ann. §42-15-65. Within the statutory period, the claimant filed an Application for Review in the case setting forth her reasons for appeal on December 31, 2018. The claimant served her Appellate Brief on February 27, 2019. Oral arguments were presented before the Full Commission Appellate Panel ("Appellate

Panel") on March 18, 2019 at 2:30 P.M. in Columbia, South Carolina. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the undersigned members of the Appellate Panel and has since been under study and consideration. Specifically, the claimant respectfully requests the Appellate Panel to reverse the Decision and Order of the Hearing Commissioner in part based upon the following grounds:

1. Did the Hearing Commissioner err in finding that the defendants are not liable for medical treatment obtained by the claimant using her personal health insurance and Medicare from April 11, 2014 through the date of her Order?
2. Did the Hearing Commissioner err in not addressing the fact that the claimant was entitled to TTD for the time she was out of work following her surgery?

After careful review in the instant case of all grounds raised, the evidence in the record, and oral arguments from both counsel, the Commission finds that, by unanimous vote, the Decision and Order of the Hearing Commissioner must be Affirmed with Amendments.

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. This matter was heard before the Hearing Commissioner on January 18, 2018. At the close of the Hearing, the record was left open in order for the claimant to submit post-Hearing documentation, if so desired. On February 13, 2018, claimant, through counsel, informed the Hearing Commissioner that she decided to rely on the record as it currently stood and requested the record be closed without the submission of additional evidence. As such, the record closed on February 13, 2018.
2. Defendants are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Beverly Bequeath-Collom as employee-claimant and South Carolina Department of Education as employer and State Accident Fund as carrier, defendants.
3. The average weekly wage of the claimant at the time of the above-described accident was \$1,335.38, and her compensation rate was \$743.72.

4. The claimant sustained compensable injuries to her lumbar spine and cervical spine as a result of her work-related accident. The claimant's fall at work caused an injury to her lumbar spine and aggravated her pre-existing cervical spine issues. This finding is based on the preponderance of the evidence as a whole, as well as the Affidavit and testimony of Dr. Tyler.
5. Although the claimant had a subsequent incident wherein some boxes fell on her neck, the incident was not sufficient to break the chain of causation as to the defendants' liability for claimant's cervical spine injury. This finding is based on the testimony of the claimant, which was credible. Specifically, the claimant testified she saw her family doctor and then completed a few physical therapy visits and had returned to baseline following the minor accident.
6. Defendants are not liable for medical treatment for the claimant's neck from April 11, 2014 through the date of the Hearing Commissioner's Order as the medical treatment she obtained by her own means was non-emergent and therefore is not subject to reimbursement pursuant to S.C. Code Ann §42-15-60.
7. Specifically, the claimant requested a Hearing on the issue of compensability and entitlement to medical treatment for her neck, but subsequently agreed to postpone the Hearing scheduled on August 4, 2014 via a Consent Order. Nevertheless, the claimant continued to seek unauthorized medical treatment after the postponement despite having requested a Hearing on the Issue from the Commission and ultimately agreeing not to go forward to determine whether she was entitled to the same.
8. The claimant is at MMI for both her lumbar spine and cervical spine injuries. This finding is based on the medical evidence submitted into the record, specifically the medical opinions of Dr. David Scott and Dr. Mike Tyler.
9. The claimant has sustained twenty percent (20%) PPD for her back due to her lumbar and cervical spine injuries. This finding is made pursuant to the guidelines for evaluating spinal injuries in the AMA Guides 5th/6th Editions.
10. No future medical treatment has been recommended by the authorized treating physician for the claimant's lumbar spine injury, therefore she is not entitled to any additional treatment for her low back.
11. The claimant is entitled to lifetime repair, replacement, or removal of her cervical hardware pursuant to S.C. Code Ann. §42-15-65. Moreover, no future medical treatment was recommended relating to the claimant's cervical spine injury and, as such, defendants are not responsible for any future medical treatment as to her neck.
12. The claimant is entitled to a lump-sum payment of her award pursuant to James v. Anne's, Inc., 2010 S.C. Lexis 340 (S.C. Oct. 25, 2010).

13. No hearing costs are to be assessed.

14. The claimant is not entitled to any period of TTD benefits as no physician has taken the claimant out of work during any period of her treatment.

CONCLUSIONS OF LAW

Accordingly, as provided in §42-17-40, S.C. Code Ann. (1976), as amended, it is the determination of this Commission that:

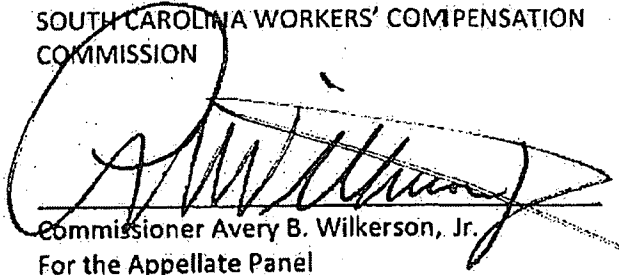
1. Pursuant to §42-1-30, the claimant was a covered employee at the time in question; and pursuant to §42-1-140, defendant/employer was a covered employer under the Act.
2. Pursuant to §42-1-40, the claimant's average weekly wage at the time of the above-described accident was \$1,335.38, and her compensation rate was \$743.72.
3. Pursuant to §42-1-160, the claimant sustained injuries to her lumbar and cervical spine, which arose out of and in the course of her employment with the South Carolina Department of Education.
4. Pursuant to §42-15-60, defendants are not liable for medical treatment obtained by the claimant for her neck using her personal health insurance from April 11, 2014 through the date of the Hearing Commissioner's Order as this treatment was non-emergent and the claimant is therefore not entitled to reimbursement for the same.
5. Pursuant to §42-15-60, the claimant is at MMI for both her lumbar spine and cervical spine injuries.
6. Pursuant to §42-9-30, the claimant is entitled to an award of twenty percent (20%) PPD to her spine (60 weeks) as a result of her neck and low back injuries.
7. Pursuant to §42-15-60, the claimant is not entitled to any additional treatment for her lumbar spine or cervical spine as none was recommended by the authorized treating physician.
8. Pursuant to §42-15-65 the claimant is entitled to lifetime repair, replacement, or removal of her cervical spine hardware.
9. Pursuant to §42-9-10, the claimant is not entitled to TTD benefits for any period of time as no physician has taken her out of work during the course of her treatment.

ORDER

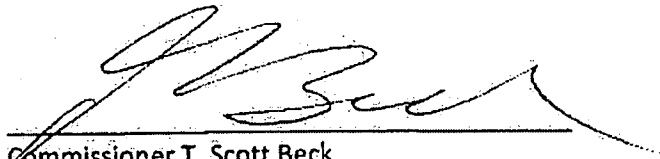
IT IS, THEREFORE, ORDERED, that the Decision and Order of the Hearing Commissioner filed in the above captioned matter on December 17, 2017, is hereby UNANIMOUSLY AFFIRMED WITH THE AMMENDMENTS LISTED HEREIN.

AND IT IS SO ORDERED.

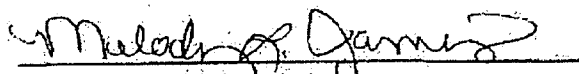
SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION



Commissioner Avery B. Wilkerson, Jr.
For the Appellate Panel



Commissioner T. Scott Beck



Commissioner Melody L. James

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 Eugenia Hollmon on July 23, 2019

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



WCC File #: 1315486
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Beverly Bequeath-Collom SSN: 207-36-7979 Employer's Name: SC Department of Education
Address: 564 Village Church Dr. Address: 1429 Senate St.
City: Chapin State: SC Zip: 29036 City: Columbia State: SC Zip: 2920
Home Phone: (803) 467-5234 Work Phone: (803) 734-7939 Insurance Carrier: State Accident Fund
Preparer's Name: Everett Hope Garner Law Firm: Holler Garner Preparer's Phone #: (803) 765-2968

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 7/12/13

Injury Illness Repetitive Trauma Occupational Disease Physical Brain Injury Concurrent Jurisdiction

1. The claimant sustained an injury to Back, neck, arm (Part(s) of Body Injured) on 7/12/13 (Month/Day/Year) in Kershaw county, state of South Carolina.
Body part(s) affected are: Back, neck, arm
2. Briefly describe how the accident occurred: Claimant fell on wet floor at a school
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 7/12/13 (Month/Day/Year) in the following manner:
Verbal notice to program manager

7. Due to injury, the claimant is in need of (check one):
 (a) medical examination and treatment for: _____
 (b) additional medical examination and treatment for: back, neck, arm

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

9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
 (1) General Disability: Total Partial (2) Specific Disability: Total Partial (3) Wage Loss
9a. A determination of permanent disability is premature at this time.

10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
Unknown at this time

10a. At the time of the injury, the Claimant was paid weekly wages of \$Form 20 requested, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
S.C. Department of Education

11. Further grounds or unusual aspects of claim:
Any and all remedies available under the Act, lump sum payment, Utica Mohawk language

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Moore Orthopaedic Clinic, 104 Saluda Ponte Dr., Lexington, SC 29072; Progressive Physical Therapy, 100 Jimmy Love Lane, Columbia, SC 29212; Jawahar Swaminathan, Doctors Care Seven Oaks, 100 Jimmy Love Lane, Columbia, SC 29212; Med Fit, 171-B Broad River Rd., Irmo, SC 29063

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

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

13a. I am filing a claim. I am not requesting a hearing at this time. 14. Estimated time needed for hearing: 1 hour

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

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

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.
I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to State Accident Fund, P.O. Box 102100, Columbia, SC 29221 on the 15th day of April, 2014, by first class postage certified mail personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.
Everett Hope Garner Attorney ehgarner05@yahoo.com April 11, 2014
Preparer's Signature Title Email Date



Claimant's Name: Beverly Bequeath-Collom SSN: 207-36-7979 Employer's Name: Department of Education
 Address: 564 Village Church Drive Address: 1429 Senate Street
 City: Chapin State: SC Zip: 29036 City: Columbia State: SC Zip: 29201
 Home Phone: () - - Work Phone: () - - Insurance Carrier: State Accident Fund
 Date of Injury: 07/12/13
 Preparer's Name: Page Snyder, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5896

Date of Injury or Illness: 07/12/13

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

1. It is Admitted the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants admit injury to the low back only. Defendants deny injury to the neck and arm.
2. It is Admitted both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:

3. It is Admitted the relationship of employer and employee existed at the time in question. The reasons for denial are:

4. It is Admitted at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:

5. It is Admitted notice of injury was given the employer. The reasons for denial are:

6. It is Denied the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
Reached MMI on 1/27/14 per Dr. Scott.
7. It is Denied the employee is entitled to temporary total disability for the period(s) of :
To be determined.
8. It is Denied the employee is permanently disabled. The reasons for denial are:
Disability, if any, to be determined by W.C.C.
9. It is Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$1,335.38 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:

12. Estimated time needed for hearing: 30 minutes

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

Name: Everett Hope Garner, Esquire Judicial Director, SCWCC
 Address: P.O. Box 11006, Columbia, SC 29211 P.O. Box 1715, Columbia, SC 29202-1715

on the 29th day of April, 2014 by first class mail personal service certified mail.
 I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: Page Snyder Title: Asst. Chief Counsel Email: Psynder@saf.sc.gov Date: April 29, 2014

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

cc Will

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1315486

Beverly Bequeath-Collom,
Employee - Claimant,
vs.
Department of Education,
Employer,
and,
State Accident Fund,
Carrier/Defendants,

CONSENT ORDER


This matter comes before the Commission on the Claimant's Form 50 filed on April 15, 2014. The Defendants responded with a Form 51 filed on April 29, 2014. This matter is set for a hearing on August 25, 2014. The parties have agreed as followed:

1. There is no longer a need for a hearing on August 25, 2014. The claim should be returned to general files.

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

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 without prejudice and are reserved for agreement by the parties or determined by the Commission at a later time.

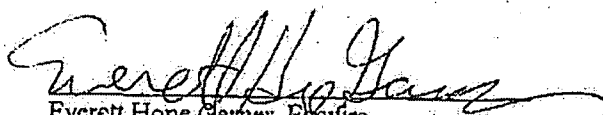
AND IT IS SO ORDERED.

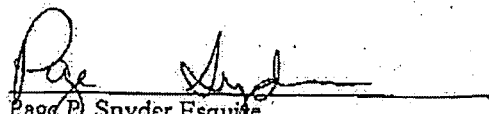

Commissioner Gene McCaskill

Columbia, South Carolina

November 18, 2014

WE DO HEREBY CONSENT:


Everett Hope Garner, Esquire
Attorney for Claimant


Page P. Snyder Esquire
Attorney for Defendants
State Accident Fund

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 Kellie Lindler on November 18, 2014



Claimant's Name: Beverly Bequeath-Collom SSN: 207-36-7979 Employer's Name: SC Department of Education
 Address: 564 Village Church Dr. Address: 1429 Senate St.
 City: Chapin State: SC Zip: 29036 City: Columbia State: SC Zip: 2920
 Home Phone: (803) 467-5234 Work Phone: (803) 734-7939 Insurance Carrier: State Accident Fund
 Preparer's Name: Everett Hope Garner Law Firm: Holler Garner Preparer's Phone #: (803) 765-2968
 Date of Injury or Illness: 7/12/13

A claim for workers' compensation benefits is made based on the following grounds:

- Injury Illness Repetitive Trauma Occupational Disease Physical Brain Injury Concurrent Jurisdiction
- The claimant sustained an injury to Back, neck, arm (Part(s) of Body Injured) on 7/12/13 (Month/Day/Year) in Kershaw county, state of South Carolina.
 Body part(s) affected are: Back, neck, arm
 - Briefly describe how the accident occurred. Claimant fell on wet floor at a school
 - Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
 - The relationship of employer and employee existed at the time of injury.
 - At the time of the injury the claimant was performing services arising out of and in the course of employment.
 - Notice of the accidental injury was given to the Employer on 7/12/13 (Month/Day/Year) in the following manner:
Verbal notice to program manager
7. Due to injury, the claimant is in need of (check one):
 (a) medical examination and treatment for: _____
 (b) additional medical examination and treatment for: back, neck, arm
8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
To be determined
9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
 (1) General Disability: Total Partial (2) Specific Disability: Total Partial (3) Wage Loss
- 9a. A determination of permanent disability is premature at this time.
10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
Unknown at this time
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$Form 20 requested, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
S.C. Department of Education
11. Further grounds or unusual aspects of claim:
Any and all remedies available under the Act, lump sum payment, Utica Mohawk language
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Moore Orthopaedic Clinic, 104 Saluda Ponte Dr., Lexington, SC 29072; Progressive Physical Therapy, 100 Jimmy Love Lane, Columbia, SC 29212, Jawahar Swaminathan, Doctors Care Seven Oaks, 100 Jimmy Love Lane, Columbia, SC 29212; Med Fit, 171-B Broad River Rd., Irmo, SC 29063
- 11b. To the best of your knowledge, did you have any prior permanent disability? No
 If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- 13a. I am filing a claim. I am not requesting a hearing at this time.
- 13b. I am requesting a hearing: A \$25 fee is required.
14. Estimated time needed for hearing: 1 hour

Mediation
 a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
 b. Mediation is required pursuant to Reg. 67-1802.
 c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
 d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.
 Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Page P. Snyder, Esquire, State Accident Fund, P.O. Box 102100, Columbia, SC 29221 on the 11th day of September, 2015 by first class postage certified mail personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.
Everett Hope Garner Attorney Title ehgarner05@yahoo.com Email September 11, 2015 Date

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov



Case #: 1315486
Carrier File #: 2013-2343
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Beverly Bequeath-Collom SSN: 207-36-7979 Employer's Name: SC Dept of Education
Address: 564 Village Church Drive Address: 1429 Senate Street, Room 308
City: Chapin State: SC Zip: 29036 City: Columbia State: SC Zip: 29201
Home Phone: () Work Phone: () Insurance Carrier: State Accident Fund
Date of Injury: 07/12/2013
Preparer's Name: Page Snyder, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5896

Date of Injury or Illness: 07/12/2013

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

1. It is **ADMITTED** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants admit injury to the lower back only; however, extent of injury and all other body parts affected are denied.
2. It is **ADMITTED** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:

3. It is **ADMITTED** the relationship of employer and employee existed at the time in question. The reasons for denial are:

4. It is **ADMITTED** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:

5. It is **ADMITTED** notice of injury was given the employer. The reasons for denial are:

6. It is **DENIED** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
Claimant has been released from care and treatment.
7. It is **DENIED** the employee is entitled to temporary total disability for the period(s) of :
To be determined.
8. It is **DENIED** the employee is permanently disabled. The reasons for denial are:
Disability, if any, to be determined by W.C.C.
9. It is **DENIED** the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$1335.38 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
All defenses available under 42-9-60; 42-9-150; 42-9-160; 42-9-170; 42-15-60; 42-17-90; 42-9-210; Code of Laws of South Carolina, 1976
12. Estimated time needed for hearing: 30 minutes

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

Name: Everett Hope Garner, Esquire Judicial Director, SCWCC
Address: POB 11006, Columbia, SC 29211 P.O. Box 1715, Columbia, SC 29202-1715

On the 13th day of October, 2015 by first class mail personal service certified mail.
I certify the contents of this form are accurate and true to the best of my knowledge.

Signature: Page Snyder Chief Counsel Email: psnyder@saf.sc.gov Date: 10/13/15

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

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



WCC File #: 1315486
 Carrier File #: _____
 Carrier Code #: _____
 Employer FEIN #: _____

Claimant's Name: Beverly Bequeath-Collom SSN: 207-36-7979 Employer's Name: SC Department of Education
 Address: 564 Village Church Dr. Address: 1429 Senate St.
 City: Chapin State: SC Zip: 29036 City: Columbia State: SC Zip: 29201
 Home Phone: (803) 467-5234 Work Phone: (803) 734-7939 Insurance Carrier: State Accident Fund
 Preparer's Name: Everett Hope Garner Law Firm: Holler Garner Preparer's Phone #: (803) 765-2968

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** 7/12/13

Injury Illness Repetitive Trauma Occupational Disease Physical Brain Injury Concurrent Jurisdiction

1. The claimant sustained an injury to Back, neck, arm (Part(s) of Body Injured) on 7/12/13 (Month/Day/Year) in Kershaw county, state of South Carolina.
2. Body part(s) affected are: Back, neck, arm
2. Briefly describe how the accident occurred. Claimant fell on wet floor at a school
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 7/12/13 (Month/Day/Year) in the following manner:
Verbal notice to program manager

7. Due to injury, the claimant is in need of (check one):
 (a) medical examination and treatment for: _____
 (b) additional medical examination and treatment for: back, neck, arm

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

9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
 (1) General Disability: Total Partial (2) Specific Disability: Total Partial (3) Wage Loss
 9a. A determination of permanent disability is premature at this time.

10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
Unknown at this time

10a. At the time of the injury, the Claimant was paid weekly wages of \$Form 20 requested, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
S.C. Department of Education

11. Further grounds or unusual aspects of claim:
Any and all remedies available under the Act, lump sum payment, Utica Mohawk language

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Moore Orthopaedic Clinic, 104 Saluda Ponte Dr., Lexington, SC 29072; Progressive Physical Therapy, 100 Jimmy Love Lane, Columbia, SC 29212, Jawahar Swaminathan, Doctors Care Seven Oaks, 100 Jimmy Love Lane, Columbia, SC 29212; Med Fit, 171-B Broad River Rd., Irmo, SC 29063; Dr. Mike O. Tyler, Jr., 93 Medical Plaza Dr., Suite 305, N. Charleston, SC 29406

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

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

13a. I am filing a claim. I am not requesting a hearing at this time. 14. Estimated time needed for hearing: 1 hour

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

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

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.
 I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Page P. Snyder, Esquire, State Accident Fund, P.O. Box 102100, Columbia, SC 29221 on the 24 day of May, 2016, by first class postage certified mail personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.
 Preparer's Signature: Everett H. Garner Title: Attorney Email: ehgarner05@yahoo.com Date: May 18, 2016

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

South Carolina Workers' Compensation Commission
1333 Main Street, Ste 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700
www.wcc.sc.gov



WCC File #: 1315486
Carrier File #: 2013-2343
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Beverly Bequeath-Collom SSN: 207-36-7979 Employer's Name: SC Dept of Education
Address: 564 Village Church Drive Address: 1429 Senate Street, Ste 308
City: Chapin State: SC Zip: 29036 City: Columbia State: SC Zip: 29201
Home Phone: () - () - () Work Phone: () - () - () Insurance Carrier: State Accident Fund
Date of Injury: 07/12/2013
Preparer's Name: Page Snyder, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5896

Date of Injury or Illness: 07/12/2013

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

- It is **ADMITTED** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants admit injury to the tailbone, low back and right knee only; however, extent of injury and all other body parts affected are denied.
- It is **ADMITTED** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:

- It is **ADMITTED** the relationship of employer and employee existed at the time in question. The reasons for denial are:

- It is **ADMITTED** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:

- It is **ADMITTED** notice of injury was given the employer. The reasons for denial are:

- It is **DENIED** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
Claimant was released from care on 01/27/2014.
- It is **DENIED** the employee is entitled to temporary total disability for the period(s) of :
To be determined.
- It is **DENIED** the employee is permanently disabled. The reasons for denial are:
Disability, if any, to be determined by W.C.C.
- It is **DENIED** the employee has serious disfigurement.
- It is contended that an average weekly wage of \$1,335.38 applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are:
All defenses available under 42-9-60; 42-9-150; 42-9-160, 42-9-170; 42-15-20; 42-15-40; 42-15-60; 42-17-90; 42-9-210; Code of Laws of South Carolina, 1976 and South Carolina Code of Regs 67-609.
- Estimated time needed for hearing: 30 minutes

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

Name: Everett Hope Garner, Esquire Judicial Director, SCWCC
Address: 1777 Bull Street @ Laurel, Columbia, SC 29201 PO Box 1715, Columbia, SC 29202-1715

on the 21st day of June, 2016 by first class mail personal service certified mail.

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

Preparer's Signature: [Signature] Chief Counsel Title: psnyder@saf.sc.gov Email: [Signature] Date: 6/21/16

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

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1315486

Beverly Bequeath-Collom,)
Employee,)
Claimant,)
vs.)
South Carolina Department of Education,)
Employer,)
and)
State Accident Fund,)
Carrier,)
Defendants.)

CONSENT ORDER

This claim was scheduled for a hearing on August 31, 2016, at 02:30 P.M., in Columbia, South Carolina. Prior to the scheduled hearing, the parties to this claim reached an agreement that additional discovery is necessary prior to proceeding with a hearing.

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.

South Carolina Workers'

Compensation Commission

By: Melody L. James
Commissioner Melody L. James

Dated: August 18, 2016
Columbia, South Carolina

WE DO HEREBY CONSENT:

Everett Hope Garner
Everett Hope Garner, Esquire
Attorney for Claimant

WILLSON JONES CARTER & BAXLEY, P.A.

Shannon T. Poteat
Shannon Till Poteat, 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 August 18, 2016

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State of South Carolina
Before the
South Carolina Workers' Compensation
Commission
WCC File No.: 1315486

Beverly Bequeath-Collom,)
Employee,)
Claimant,)
vs.)
South Carolina Department)
of Education,) Deposition of
Employer,) BEVERLY BEQUEATH-COLLOM
and) September 13, 2016
State Accident Fund,)
Carrier,)
Defendants.)

COPY

Deposition on oral examination of
BEVERLY BEQUEATH-COLLOM, reported by
Shelley Burgoyne, 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
Holler, Dennis, Corbett, Ormond, Plante &
Garner, 1777 Bull Street, Columbia, South
Carolina, commencing on Tuesday,
September 13, 2016, at the hour of 2:06 p.m.

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APPEARANCES

Representing the Employee/Claimant:

EVERETT HOPE GARNER, ESQUIRE
Holler, Dennis, Corbett, Ormond, Plante &
Garner
1777 Bull Street
Post Office Box 11006 (29211)
Columbia, South Carolina 29201

Representing the Employer/Carrier:

JOHN PAUL SIMKOVICH, ESQUIRE
Willson, Jones, Carter & Baxley, PA
4500 Fort Jackson Boulevard
Columbia, South Carolina 29209

1 CONTENTS

2 (Deposition of BEVERLY BEQUEATH-COLLOM)

3		Page
4	Stipulations	4
5	Examination by Mr. Simkovich	4
6	Examination by Mr. Garner	50
7	Reexamination by Mr. Simkovich	50
8	Certificate of Reporter	52

- 9
- 10
- 11
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- 13
- 14
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EXHIBIT INDEX

REPORTER'S NOTE: No exhibits were marked for identification.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 This deposition is taken in accordance
2 with the South Carolina Rules of Civil
3 Procedure.

4 It is agreed and stipulated by the
5 deponent and respective counsel that the
6 reading and signing of the deposition
7 transcript by the deponent is expressly
8 waived.

9 WHEREUPON:

10 BEVERLY BEQUEATH-COLLOM, being duly
11 sworn and cautioned to speak the truth, the
12 whole truth and nothing but the truth,
13 testified as follows:

14 EXAMINATION

15 BY MR. SIMKOVICH:

16 Q. Hi, Ms. Collom? Is that --

17 A. Collom.

18 Q. Collom?

19 A. Uh-huh.

20 Q. My name is John Paul Simkovich, and
21 I'm here on behalf of the firm Willson, Jones,
22 Carter & Baxley, and we've been retained to
23 represent South Carolina Department of
24 Education in your workers' compensation claim.

25 Have you ever had your deposition

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 taken before?

2 A. No.

3 Q. Okay. Well, I'm sure your attorney
4 has kind of gone over a lot of what we will be
5 doing here today, but I will just briefly
6 remind you of some ground rules.

7 First being, I want you to know that
8 I'm not here to try and trick you in any way.
9 If you want me to repeat a question, rephrase
10 a question, anything like that, please just
11 ask me. I will be happy to accommodate you.

12 A. Okay.

13 Q. Another important thing is that you
14 were just sworn in by the court reporter, so
15 everything you say today needs to be the
16 truth, being no different than if you were
17 testifying in open court.

18 A. Okay.

19 Q. Please respond verbally to all my
20 questions. If you say huh-un, uh-huh, shrug
21 your shoulders, maybe point to a body part
22 instead of saying out loud, it will probably
23 drive the court reporter insane because she
24 needs to make an accurate record of what we're
25 saying here today.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 A. Okay.

2 Q. And lastly, are you under the
3 influence of any medication that would affect
4 your ability to understand and answer my
5 questions?

6 A. No.

7 Q. Okay. Are you ready to get started?

8 A. Yes.

9 Q. Okay. Can you tell me your full name,
10 again, for the record, please?

11 A. Uh-huh. Beverly Ann Bequeath-Collom.

12 Q. And how old are you, Ms. Collom?

13 A. I'm 69.

14 Q. And what is your date of birth?

15 A. 8-19-1947.

16 Q. And what is your current address?

17 A. 564 Village Church Drive, Chapin,
18 29036.

19 Q. Okay. Is that a house?

20 A. Yes.

21 Q. Okay. How long have you been living
22 there?

23 A. Six years in December.

24 Q. Okay. Do you own or rent it?

25 A. Own it.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 Q. Okay. And what is your telephone
2 number?

3 A. Do you want my cell phone number?
4 Does it matter?

5 Q. Actually, can I have both?

6 A. Okay. Home is (803) 941-7180.

7 Q. Okay.

8 A. And cell is (803) 467-5234.

9 Q. Thank you, ma'am. And can you tell me
10 your Social Security number?

11 A. XXX-XX-7979.

12 Q. Okay. And do you have a valid South
13 Carolina driver's license?

14 A. Yes.

15 Q. Do you know your driver's license
16 number?

17 A. I don't, but I can get it out. Do you
18 need for me --

19 Q. Yeah. If you could, grab it real
20 quick. That would be helpful.

21 A. Okay. Sure.

22 Q. It's 003219497. It looks like this
23 has seen better days. Do you have a dog?

24 A. Uh-huh. I had a golden retriever and
25 he happened to get ahold of it.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 Q. I understand. What kind of vehicle do
2 you drive?

3 A. I drive a Hyundai Santa Fe.

4 Q. What year is it?

5 A. It's a 2007.

6 Q. Okay. And what color?

7 A. White.

8 Q. Okay. And are you married, ma'am?

9 A. I'm -- I was. I'm a widow.

10 Q. Okay. And do you have any children
11 that are financially dependent upon you?

12 A. No.

13 Q. Okay. And do you have health
14 insurance?

15 A. Yes.

16 Q. Are you a Medicare beneficiary?

17 A. For "D," I think it is. I'm not --
18 I'm still just -- it's just what it --
19 hospitalization, I think, is all it's for.

20 Q. Okay. Do you collect Social Security?

21 A. I do. I just started to.

22 Q. Okay. When did you start?

23 A. I shouldn't say just started, but last
24 year on recommendation.

25 Q. Okay. How much do you receive?

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 A. Oh, golly. I don't know right
2 offhand. I think it's 1,700 a month
3 approximately.

4 Q. Okay. Have you ever applied for
5 Social Security disability? Not retirement.

6 A. No.

7 Q. Okay. And where did you go to
8 college?

9 A. Undergraduate, University of --
10 Slippery Rock University.

11 Q. Okay. And that -- what was your
12 degree in?

13 A. Elementary education.

14 Q. Where is that?

15 A. It's in Slippery Rock, Pennsylvania.

16 Q. Okay.

17 A. Northwestern part of the state. There
18 really is such a place.

19 Q. And did you get any graduate degrees?

20 A. Yes. I have a master's.

21 Q. From where?

22 A. From USC.

23 Q. And what is that in, ma'am?

24 A. It's in elementary education.

25 Q. Okay. Great. When did you receive

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 that?

2 A. Let's see. It would have been '77, I
3 think.

4 Q. Okay. Any other education?

5 A. I have probably a good 45 hours above.
6 I have a reading specialization.

7 Q. Okay. Any other degrees, though?

8 A. No.

9 Q. Great. I assume you're pretty
10 comfortable using a computer?

11 A. Yes.

12 Q. Okay. Do you have to use it for your
13 work?

14 A. Yes.

15 Q. Have you ever had a workers'
16 compensation claim other than this one?

17 A. I don't think so. I -- I may have
18 many, many years ago in the classroom. I had
19 a map fall on me. I might have, but, I mean,
20 that's all I can remember. That would have
21 been a long time ago.

22 Q. Okay. But you've never had an
23 attorney or anything for a workers'
24 compensation --

25 A. No.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 Q. -- claim?

2 A. No.

3 Q. This is your first one?

4 A. Right.

5 Q. Okay. Are you originally from
6 Pennsylvania?

7 A. Yes.

8 Q. Okay. So when did you come to South
9 Carolina?

10 A. I came in -- the first time, in I
11 think it was '72.

12 Q. Okay. And then where did you go, I
13 guess?

14 A. Then I went to Germany. I worked for
15 the Department of Defense Dependent School
16 System. And I went there in 1986.

17 Q. How long were you over there?

18 A. I was there 16 years.

19 Q. Okay. And then you came back to the
20 Columbia area?

21 A. I came back to Pennsylvania. My
22 husband was very ill, and he received care at
23 Johns Hopkins, so we were --

24 Q. In Baltimore?

25 A. Uh-huh. Well, actually went back to

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 Pennsylvania, and then we commuted there to
2 get his care.

3 Q. Got you. Okay. So working for the
4 Department of Defense, were you actually in
5 the military or is that just as a contractor?

6 A. I was a Department of Defense
7 Dependent schoolteacher, educator. It's call
8 DoDEA. I worked for DoDEA.

9 Q. Have you ever been involved in any
10 other lawsuits before?

11 A. No.

12 Q. Okay. Have you ever been involved in
13 any motor vehicle accidents?

14 A. (No verbal response.)

15 Q. I mean even as a passenger. Have you
16 been involved in --

17 A. Yeah. Many years ago. That's a long
18 time ago. It was in Pennsylvania, I think.

19 Q. Any within the last ten years?

20 A. No.

21 Q. Okay. And I ask this to everyone, but
22 have you been convicted or pled guilty to any
23 crime within the past ten years?

24 A. No.

25 Q. Have you ever undergone psychological

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 or psychiatric treatment?

2 A. No.

3 Q. Okay. All right. Just kind of
4 briefly can you give me an overview of your
5 work history? How long you have been working
6 in South Carolina for the Department of
7 Education?

8 A. I've been working I think it is 12
9 years now. It will be -- yeah, it's 12 years.

10 Q. Okay. So what -- I guess what were
11 you doing leading up to this? Were you a
12 teacher? Were you always in an
13 administrative-type role?

14 A. I was a teacher and then I was a
15 reading specialist.

16 Q. Okay. What grades were you teaching?

17 A. I worked with children from
18 kindergarten through 5th grade.

19 Q. Was that what you did in Pennsylvania
20 and Germany and stuff?

21 A. Uh-huh. Yes.

22 Q. Okay. So you said you started working
23 for the South Carolina Department of Education
24 12 years ago?

25 A. Yes.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 Q. So I guess that would be 2000 and --

2 A. '04.

3 Q. '04.

4 A. Yeah.

5 Q. All right. And what is your job
6 title?

7 A. I'm an education associate.

8 Q. And you will have to tell me what --
9 what that means.

10 A. Presently I'm working in the office of
11 Early Learning Literacy, and I administer
12 programs, set policies, monitor/administer
13 programs, set policies and standards.

14 Q. Okay. And do you have an office in
15 Columbia then?

16 A. Yes.

17 Q. Okay. And do you -- is this for the
18 whole state? Is it for --

19 A. Yes.

20 Q. -- the county?

21 A. Yes. South Carolina Department of
22 Education.

23 Q. Okay. And how much do you make,
24 ma'am?

25 A. 72,000.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 Q. And you work year-round?

2 A. Yes.

3 Q. You are not on a teacher --

4 A. Right.

5 Q. You do not have the summers off,
6 right?

7 A. Yes. Unfortunately.

8 Q. Okay. And who is your direct
9 supervisor?

10 A. My direct supervisor would be
11 Cathy Jones Stork.

12 Q. Storick?

13 A. Stork, S-T-O-R-K.

14 Q. Okay. Like a bird that delivers
15 babies?

16 A. (No verbal response.)

17 Q. Okay. Did you have any other jobs at
18 the time of your accident?

19 A. I was working in a different office at
20 the time of the accident.

21 Q. Let me rephrase. Were you receiving
22 any compensation from anybody else?

23 A. Oh, no.

24 Q. Okay. Okay. Now can you actually
25 tell me about the accident? When did it

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 occur?

2 A. It occurred on July 12, 2013.

3 Q. Okay. And what were you doing? How
4 did it happen?

5 A. I was working -- our whole office,
6 actually, was working at a school facilitating
7 a conference, and I was walking in from the
8 parking lot, in through the cafeteria.

9 We had what we called the command
10 center, where we all ^{work} met there. And that's
11 where I walked ^{to} every day, through ~~that~~ the
12 cafeteria.

13 And it was a heavy rain that morning,
14 and I took two steps and my feet flew out from
15 under me. I fell pretty much on my left-hand,
16 back side. I remember stopping myself. I was
17 afraid my head was going to hit the floor.
18 And I noticed when I got up there were puddles
19 of water.

20 Q. Okay. What school were you at?

21 A. Oh, dear. We were at -- it was a
22 middle school. I can't think of the name of
23 it. I can't -- I don't remember the name of
24 it.

25 Q. Okay. I'm sure I can find that out.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 A. Yeah. It's in Kershaw County.

2 Q. Okay. Okay. So you said when you
3 fell, you landed on your left hand?

4 A. I -- I -- I just remember it was on my
5 left-hand side. I don't know if it was on my
6 hand. I just remember that. I remember
7 bracing myself. I think I was afraid I was
8 going to -- I slipped and fell, and I remember
9 I fell like to the left. That's all I
10 remember.

11 Q. Okay. Did you -- you said you were
12 afraid your head was going hit. Did your head
13 actually hit?

14 A. No.

15 Q. Okay. What body parts actually hit
16 the ground? Do you -- do you remember at all?

17 A. Back side, my spine, my arm.

18 Q. Okay. And so after you fell, what did
19 you do?

20 A. I got myself -- I got myself up and I
21 looked behind me to see if anyone saw me fall,
22 and I was concerned about the water on the
23 floor, so I went and reported it to my
24 supervisor, and she, in turn, reported it to
25 the assistant principal, who was our contact

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 for the conference, you know, whenever we had
2 any issues.

3 Q. Okay. So who was that; do you
4 remember?

5 A. I don't remember her name. It was a
6 female. She came to me and talked to me
7 because I had actually spoken to her the day
8 before. It was a rainy week, and I was
9 helping two presenters in a classroom, and
10 their -- and the ceiling was leaking onto
11 their materials, and so I had -- I had gone to
12 her and told her that and spoken to her about
13 it, but I just -- I don't remember her name.

14 Q. And that it was principal you were
15 saying?

16 A. Assistant principal. She was an
17 assistant principal.

18 Q. Okay. And you were there -- why were
19 you at the school?

20 A. We were facilitating a professional
21 development conference for educators all over
22 the state. It's called Research to Practice.

23 Q. Okay. And I guess were you kind of in
24 the threshold of the door. The water just was
25 inside the cafeteria from outside?

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 A. She, the assistant principal, came
2 back and told me that it was seeping from
3 underneath. It was -- there were small
4 puddles, and she -- she wiped it.

5 She said, Oh, it's just water, but
6 she -- she wiped it, and she said then water
7 just kept coming. It was coming from
8 underneath. We had a lot of rain that summer.

9 Q. Okay.

10 A. And there was a black -- I think it
11 was a black mat. It was a large, black mat
12 there four days out of the five but not that
13 day.

14 Q. Okay. All right. So what body parts
15 did you hurt at the time?

16 A. My -- my back hurt initially.

17 Q. What part of your back, your upper
18 back, your middle back, your lower back?

19 A. I just -- I remember hurting all over.
20 Eventually I -- I left early that day, and I
21 just was achy, hurting all over.

22 Q. Well, let me ask you this. Was this
23 the first thing in the morning when you were
24 arriving --

25 A. Yes.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 Q. -- at the school?

2 A. Yes.

3 Q. Okay. So you did -- did you work the
4 rest of the day?

5 A. Uh-huh. I worked, uh-huh. And then I
6 worked into the afternoon. My -- my
7 supervisor wanted me to fill out a comp form,
8 and they didn't have comp forms there.

9 And -- and I told her I was -- I was
10 fine and I continued to work, and then I know
11 I was in a session, helping a group of
12 presenters, and I was really not feeling that
13 great in the afternoon, so.

14 Q. Who was your supervisor at the time?

15 A. She was a director. I think she left
16 the agency. John Paine was after her. I
17 can't think of her name --

18 Q. Okay.

19 A. -- right now, but I may think of it.

20 Q. When you said you "left early" that
21 afternoon, what did you -- did you go to the
22 doctor that afternoon?

23 A. No, because I was -- you know, I was
24 told that I needed to fill out these forms, so
25 I went home and I rested. I don't remember.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 I probably put a heating pad on, probably took
2 some Aleve or Tylenol.

3 Q. Okay. How long was this conference
4 going on? Did you go back to this
5 Kershaw County school the next day?

6 A. No. That was a Friday. That was the
7 last day. And those of us who came in early
8 oftentimes were excused to go home early too,
9 but --

10 Q. Okay. Did you go back to work on
11 Monday and fill out the forms?

12 A. I did. I -- I -- well, I was told by
13 our program manager at the South Carolina
14 Department of Ed that she would get them to me
15 on Monday because they didn't have them at the
16 school, and so then I contacted her, and she
17 said, I've -- she had contacted the personnel
18 office, and she said, They haven't gotten back
19 with me yet. I checked with her at the end of
20 the day and she still hadn't gotten it.

21 So on Tuesday, when I was really not
22 feeling too great, I contacted -- she told me
23 the name of the person and the person was out.
24 She was on leave, and so then I contacted
25 another person in personnel that I knew, and

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 as soon as he knew that it was a workmen's
2 comp, he had me sit down and fill out the
3 forms, and then I think he told me to go to a
4 Doctor's Care.

5 Q. Okay.

6 A. He called workmen -- I can't remember
7 all that, but I think he called workmen's
8 comp, and then I saw a doctor --

9 Q. That's -- that --

10 A. -- on Friday.

11 Q. -- sounds accurate.

12 A. Huh?

13 Q. I mean, that's normally what happens,
14 you get sent to a Doctor's Care.

15 So you went that week. And do you
16 remember, I know it's while ago, what you were
17 complaining of, what -- you know, what body
18 parts were hurting you?

19 A. I -- I mean, I think I told them my
20 back, explained the fall and how it happened.

21 Q. Okay.

22 A. I don't remember.

23 Q. And then from there you went to see
24 Dr. Scott; is that right?

25 A. I eventually saw doctor -- yeah.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 Right. I eventually saw Dr. Scott, but
2 between that I went to physical therapy.

3 Q. Okay. And that Doctor's Care sent you
4 to physical therapy?

5 A. Yes.

6 Q. Okay. And did that help?

7 A. (No verbal response.)

8 Q. Or what -- what kind of stuff were you
9 doing to treat? What body parts were you
10 treating for?

11 A. I was assessed by a physical
12 therapist, a female physical therapist, and
13 right away she said, You have lost range of
14 motion with your neck.

15 And I didn't get that physical therapy
16 until the following -- so this has been two
17 weeks since the incident occurred. And I --
18 by then I knew that I had lost range of motion
19 of my neck.

20 And she said, Even though it says --
21 he's, the doctor's, written only back, she
22 said, there is some neck issues here.

23 And then she left that group, and I
24 saw another physical therapist there, and he
25 would only treat me for the back, and I -- and

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 I said -- and he said, Well, you know, you can
2 talk to the doctor, but I'm not treating you
3 for anything else.

4 And -- and the pain continued with my
5 neck, and so I had a nurse caseworker, I
6 think, whatever. She would -- I would talk
7 with her on the phone, and she said, You
8 can -- we can send you to another physical
9 therapist, and that's what I did, another
10 group.

11 I -- and saw -- she -- another
12 physical therapist assessed me and said, Boy,
13 you've got some neck issues here and until we
14 can release -- you know, I will try to treat
15 the whole spine.

16 And then I think the order was -- then
17 I went to Moore Orthopaedics, which was
18 Dr. Scott, and he ordered an MRI.

19 Q. Okay. Now, you said you went to three
20 different physical therapists. Were they all
21 within the same practice or --

22 A. No. I saw two in the first one.

23 Q. Okay.

24 A. And the first one left that assessed
25 me. She went to a school district. I

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 remember -- I mean, she was very thorough,
2 very good.

3 The second one I did not think was
4 very good. He was not thorough and -- anyway,
5 so I wasn't -- I didn't feel I was getting the
6 best care. And then I moved to MedFIT, which
7 is now Carolina Therapy.

8 Q. MedFIT was the third physical
9 therapist?

10 A. Yeah. The -- that I saw. That was
11 the second group, the second clinic.

12 Q. I understand.

13 A. Uh-huh.

14 Q. And the first one was
15 Progressive Physical Therapy?

16 A. Yes.

17 Q. Okay. Now, you said you -- your
18 "range of motion," so does that mean you
19 couldn't turn your head --

20 A. Uh-huh. Right.

21 Q. -- side to side or you couldn't look
22 up and down or --

23 A. It was -- it was -- I had some
24 up-and-down pain too. I mean, I had some
25 issues with that too. I have high ceilings

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 and a high-ceiling, walk-in closet, and I
2 found that I had trouble lifting my head. I
3 could -- it was hard.

4 And I had limited range of motion of
5 which I knew I had before because of -- I get
6 off at the Peak exit, that's the exit from
7 I-26, and sometimes go to the right, and you
8 have to really turn your head to the left at a
9 yield, and I found within that -- after that
10 accident I was having -- I was really
11 concerned. I stopped going that way because I
12 really couldn't turn my head that far to see
13 it.

14 Q. And when did you first notice that?

15 A. I noticed it within two weeks, because
16 I remember when the physical therapist said
17 something to me, and I told her, I said, I
18 know, I feel like I've lost a lot of range of
19 movement.

20 Q. Okay. And was workers' comp paying
21 for your physical therapy?

22 A. They were paying for the back only.
23 They would not do the neck.

24 Q. Okay. They were paying for the back.

25 What about, did you have injury to

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 your tailbone and your right knee by chance?

2 A. Tailbone and my right knee?

3 Q. Correct.

4 A. I don't remember that.

5 Q. Okay.

6 A. No, but --

7 Q. Okay. All right. But they were only
8 paying for the back?

9 A. Yes.

10 Q. Did you ask them to pay for the neck?

11 A. Yes. And so did Dr. Scott and so did
12 the physical therapist I saw that -- the group
13 that I saw at MedFIT contacted workmen's comp.

14 Q. And --

15 A. And I --

16 Q. -- they --

17 A. And then I --

18 Q. Oh, go ahead. No. Go ahead, please.

19 A. And I had a -- I don't know whether he
20 was an adjuster. I don't know what. He -- it
21 was a male. He called me and he asked me, and
22 I told him the pain, and he said -- I forget
23 what his comments were -- We don't just treat
24 any body part, and, you know, no, it was
25 written up as back, and that's all we're

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 treating.

2 Q. Okay. Did you have an attorney at
3 this time?

4 A. I'm not sure when I --

5 Q. Probably not if you were talking to
6 the adjuster.

7 A. Yeah.

8 Q. So I'm going to guess that you didn't.

9 A. No.

10 Q. Okay. So then you went to see
11 Dr. Scott. Did you tell him about your --
12 your neck?

13 A. Yes. And he did -- he did range of --
14 I think he checked me for range of motion. He
15 did different things and -- and he -- and he
16 contacted the workmen's comp, and when...

17 Q. Okay. Did he ever treat your neck?

18 A. No. Then he checked the MRI, and when
19 he read the MRI -- and this is my paraphrase,
20 I don't remember the exact words, but he said
21 something to the effect, Oh, my goodness, no
22 wonder you are in pain. He -- they found that
23 I had two herniated disks.

24 And he said -- and I came to him in
25 December of that year because I was unable to

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 drive long distances, and I was really
2 concerned, and he said I had two options.

3 He said, You can continue, but we've
4 tried to get workmen's comp to pay for that,
5 or you can get your own insurance to pay for
6 the therapy to the neck, and so then that's
7 what I did.

8 Q. You got your own insurance to pay for
9 it?

10 A. Uh-huh. For the physical therapy,
11 yeah.

12 Q. So you --

13 A. For the -- that was --

14 Q. Physical therapy for your neck?

15 A. Neck, yes.

16 Q. Okay. And was that -- who -- who did
17 that?

18 A. That would be Carolina -- well,
19 MedFIT, which is now called Carolina Physical
20 Therapy.

21 Q. Okay. Did they do -- were you still
22 treating for your back at the same time?

23 A. I forget when they -- I don't remember
24 when I was released from the back. I -- I
25 don't -- I -- it should be in there somewhere.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 Q. Okay. And you said you had trouble
2 driving "long distances"?

3 A. I was -- I -- yeah. I had neck pain.
4 We were traveling somewhat -- some in my job,
5 and I just would -- from the travel I would
6 have to not go out at night with the rest of
7 the group that we worked with, and I was real
8 concerned. I had a lot of pain and limited
9 motion, and I was getting ready to go see my
10 family in Pennsylvania and I couldn't go. He
11 gave me, Dr. Scott gave me, a pain pack and I
12 stayed home.

13 Q. Okay. Do you normally drive up to
14 Pennsylvania?

15 A. Uh-huh.

16 Q. How far of a drive is that?

17 A. It is a ten-hour drive, and since the
18 surgery and -- and -- I split it up now into
19 two days.

20 Q. Do you remember how many times you saw
21 Dr. Scott?

22 A. I go --

23 Q. Was it more than three; do you know
24 of?

25 A. I don't think so. I -- from him I

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 went to see Dr. Corvay, also with Moore
2 Orthopaedics.

3 Q. Dr. Clavet?

4 A. Clavet.

5 He is a spine specialist -- spine
6 specialist and he treats pain, and I got
7 epidural shots, I think that's what they are,
8 for the block, or whatever, for the pain.

9 I had numbness. I had numbness
10 through all my fingers and pain, neck pain.
11 It got rid of the numbness, but it didn't get
12 rid of the pain.

13 And then they -- he sent me on to
14 their orthopaedic surgeon, and I don't
15 remember his name, but I decided to go the
16 route of a neurosurgeon, but they were
17 recommending -- they felt they could -- they
18 did everything they could for me.

19 And the -- and the Carolina MedFIT
20 felt they did everything, and they
21 recommended -- they thought probably surgery
22 would be the option, so.

23 Q. Okay. Yeah. So what all besides
24 range of motion for your neck? You said you
25 had -- you had numbness in your fingers?

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 A. Numbness in my fingers and I had a lot
2 of headaches. I never -- I mean, I'm not
3 someone who gets headaches, and I was
4 taking -- up until I got physical therapy and
5 then read about Aleve, I was taking anywhere
6 from four to eight Aleves a day.

7 Q. And that was for headaches or for neck
8 pain?

9 A. Combination.

10 Q. I mean, did Dr. Scott ever say this
11 was -- he thought everything was a neck issue?
12 Did you -- I mean, you told him about the
13 fingers and everything and he said it wasn't
14 the back. It was the neck. Or did he say
15 anything?

16 A. Well, I mean, I just remember when he
17 read the MRI. That's all I remember. And
18 he -- and he said, you know, I -- we have
19 contacted workmen's comp. They won't allow
20 us -- but he said, You have the option, you
21 know, of paying it out of your, you know,
22 BlueCross/BlueShield, and, you know, he said
23 he understood that I had pain.

24 Q. Okay. Very good. And then
25 you -- then you ultimately saw Dr. Tyler.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 That's the neurologist you were talking about?

2 A. Uh-huh. Neurosurgeon.

3 Q. Neurosurgeon. Okay.

4 And that was almost a year later from
5 the accident?

6 A. Uh-huh. Yeah.

7 Q. Do you remember how many times you saw
8 Dr. Tyler?

9 A. At least two or three times before
10 this surgery, and then three -- maybe three
11 times after the surgery, and that's --
12 I'm -- I'm guessing. I mean, I don't remember
13 the exact number.

14 Q. Okay. What did you tell him?

15 A. I explained to him about the fall. I
16 talked to him. He -- he checked me on -- I
17 remember he checked me on strength and
18 reflexes, talked to me, you know, said I -- he
19 felt I had -- I was a good candidate. I had
20 to do another -- a current MRI. I think I had
21 a total of three MRIs.

22 And he -- he felt that because it
23 was -- it was between vertebrae 5-6 and 6-7,
24 that I needed -- and that's what, I mean, Dr.
25 Scott was saying, I had two herniated disks,

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 so they replaced the disk. That was his
2 recommendation, to replace the disks.

3 Q. Okay. Did you ever get any other
4 opinions from any other doctors on your neck
5 injury?

6 A. The orthopaedic doctor, the
7 orthopaedic surgeon at Moore.

8 Q. Okay. But you don't remember his
9 name, but it was at Moore?

10 A. Yes.

11 Q. Okay. Do you remember what he
12 recommended? Did he recommend surgery?

13 A. He recommended surgery. The same
14 thing. And that is when I got a second
15 opinion, is when I went to Dr. Tyler. And I
16 wanted a neurosurgeon anyway.

17 And I actually also went through a
18 group here, but they wouldn't take me because
19 I was workmen's comp. It was work related.

20 Q. Okay. So you said you paid for it
21 with your own insurance?

22 A. Uh-huh.

23 Q. Okay. Do you know how much you paid
24 on behalf of --

25 A. I've turned all that --

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 Q. Out of pocket?

2 A. I think I've turned all those expenses
3 over to my lawyer. I don't know right
4 offhand. I can't give you a figure.

5 Q. Okay. But you do have the records --

6 A. Yes.

7 Q. -- to show what it is?

8 A. Yes. Yes. Yes, I do.

9 Q. Okay. Now, after you got the second
10 opinion from the orthopaedic surgeon saying
11 you needed surgery on your neck and you got
12 the opinion from Dr. Tyler, did you contact
13 worker's comp and ask them, you know, will you
14 pay for these surgeries?

15 A. No. No. Huh-un.

16 Q. Okay. Did -- why not? I mean, if the
17 other person told you that maybe it's a
18 workers' comp, so they wouldn't -- they
19 wouldn't accept you, if it was a workers' comp
20 injury, why wouldn't you pursue workers' comp?

21 A. I --

22 MR. GARNER: Object to the form of the
23 question.

24 But go ahead and answer.

25 THE WITNESS: Huh?

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 MR. GARNER: Go ahead and answer, if
2 you can.

3 THE WITNESS: I don't know that I can,
4 other than I had so much trouble trying to get
5 physical therapy for the neck area, and they
6 said, No, it was not the neck area, so I
7 didn't pursue that route.

8 BY MR. SIMKOVICH:

9 Q. Okay. Well, how -- how are you doing
10 now? How is your neck feeling now?

11 A. It's -- it's okay. It's -- it's not a
12 hundred percent yet, but I have to -- I
13 continue to do exercises and stretching and
14 strengthening.

15 Q. Okay. Do you follow up with Dr. Tyler
16 or anyone else?

17 A. I haven't followed up with him, but I
18 have -- I have thought about that. He is the
19 one who had prescribed the physical therapy.

20 Q. Okay. Have you seen anyone since
21 your -- I mean, I -- my records indicate your
22 last trip to Dr. Tyler was in May of 2015. Do
23 you know if you have seen anyone else more
24 recently than that?

25 A. I saw my GP, Dr. Stuckey, because I

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 had an incident where boxes fell on the -- on
2 the site, the surgical site, and he wrote up
3 physical therapy, and it was on the -- the
4 pain was at the surgical site.

5 Q. Okay. And who -- who did you visit,
6 ma'am?

7 A. Dr. Stuckey. He is my GP.

8 Q. Okay. How long have you been seeing
9 him?

10 A. Oh, golly. Oh, I saw Dr. Schlafer
11 before him, so it would be 12 years.

12 Q. Okay. Who did you have see before
13 him?

14 A. Dr. Schlafer, he is no longer alive.
15 And Dr. Stuckey took a lot of his patients.

16 Q. Okay. And what practice is
17 Dr. Stuckey with?

18 A. He is on his own. He is --

19 Q. Okay. And you said that you had an
20 accident where boxes fell?

21 A. Uh-huh. Yes.

22 Q. When was this?

23 A. In February of this year.

24 Q. And was this at work?

25 A. No.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 Q. Okay. What were -- what were you
2 doing?

3 A. I was grocery shopping, and I had
4 gotten one large roll of toilet paper out of a
5 box, one box. I mean, it was the only one in
6 the box, and then as a result all these boxes
7 fell. Behind -- all these boxes that were
8 behind it fell on me.

9 Q. Okay. And did you get hurt? Did you
10 have to -- I mean, you went to Dr. Stuckey out
11 of caution or did you get neck pain?

12 A. I had neck pain.

13 Q. Okay. Have you gone back to him since
14 that February appointment?

15 A. No. He wrote up a prescription for
16 physical therapy.

17 Q. And you --

18 A. I mean, I see -- I saw him for
19 something else, but it wasn't that.

20 Q. Okay. Do you remember how many
21 physical therapy appointments you went to?

22 A. I -- I don't know. I probably will
23 get a total of that.

24 Q. Who did you -- who did you go to?

25 A. I went to -- Carolina Physical Therapy

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 is -- they were MedFIT.

2 Q. Okay.

3 A. They are very good, and they -- it's
4 who I went to before.

5 Q. Got you. Do you still have the
6 numbness in your --

7 A. No. No. The -- the shots seemed to
8 eliminate the numbness. They did not
9 eliminate the pain.

10 Q. Okay. How is your back doing?

11 A. My back's okay. I mean, I -- I
12 probably -- it's -- it's fine. You know,
13 I'm --

14 Q. Do you think you need more medical
15 treatment for your back?

16 A. I wouldn't think so, but I don't know
17 that.

18 Q. Yeah. Because you are not a doctor.

19 A. No.

20 Q. And what about for your neck, do you
21 think you need additional medical treatment
22 for your neck?

23 A. I may. You know, I don't know. We
24 will see how I do, you know.

25 Q. Okay.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 A. It's not where it was, where I would
2 like for it to be.

3 Q. Had you ever had similar accidents in
4 the past? Had you ever had a neck problem
5 before --

6 A. No.

7 Q. -- July 12, 2013?

8 A. No.

9 Q. Okay. Had you ever had a back issue
10 before July 12, 2013?

11 A. Occasionally I would have I think
12 lower back just from maybe not lifting
13 properly or -- you know, but not enough to --
14 to really keep me out of work or -- I mean,
15 occasional bad lifting, or whatever, you know,
16 strain.

17 Q. Do you ever remember going to a doctor
18 or anything for that?

19 A. I remember one time going, yeah.

20 Q. Okay. And that would have been
21 Dr. Stuckey if you saw someone or Dr. Schlafer
22 if you had seen someone?

23 A. Yeah.

24 Q. Have you ever had any surgeries before
25 this accident?

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 A. A tonsillectomy.

2 Q. Okay. And what about any
3 hospitalizations?

4 A. Just for that tonsillectomy.

5 Q. Okay. That's it?

6 A. Uh-huh.

7 Q. Do you have any diseases, medical
8 conditions, chronic illnesses, high blood
9 pressure, diabetes?

10 A. Huh-un.

11 Q. Anything that you currently treat for?

12 A. Huh-un. I don't.

13 Q. Okay. While you were out of work, did
14 you receive workers' comp payments or any
15 compensation from workers' comp?

16 A. No. Other than they, you know, paid
17 for that initial physical therapy on the back.

18 Q. Okay. Did you miss any time from
19 work?

20 A. I did during surgery. That's for
21 sure.

22 Q. Okay. For your neck surgery?

23 A. Uh-huh.

24 Q. Okay. How --

25 A. And I -- and I -- and I missed some --

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 I mean, I -- of course I had to take off time
2 for physical therapy, and I did miss, you
3 know, some days from neck pain, but not
4 extensive. I'm -- I have a pretty strong work
5 ethic.

6 Q. Okay. Do you remember how much time
7 you had to miss because of your neck surgery?

8 A. It was a good -- I know it was a good
9 two weeks, possibly three. I would have to go
10 back and look.

11 Q. Okay. Did you take like vacation time
12 over that time?

13 A. I took sick -- sick leave.

14 Q. Sick leave. Okay.

15 A. And actually some of it was into
16 holiday leave, but I'm trying to think when I
17 drove back to Pennsylvania. Pretty much it
18 would be --

19 Q. It looks like it would have been right
20 around the Thanksgiving --

21 A. It was.

22 Q. -- and that sort of time. Okay.

23 But you are back to work now, correct?

24 A. (Witness nodding head.)

25 Q. And so it's just about the two to

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 three weeks to recover from the surgery and
2 then physical therapy?

3 A. Uh-huh.

4 Q. All right. Well, can you tell me
5 about maybe some things other than work how
6 this injury has affected you? Do you have any
7 hobbies that you used to enjoy doing that you
8 can't do now?

9 A. Uh-huh. I was ballroom dancing as
10 much as three to four times a week. I can't
11 do that anymore. I've been trying to build
12 back up to it, but -- I'm also a downhill
13 skier. I haven't -- I haven't been able to do
14 that, and -- and the neurosurgeon recommended
15 that I not do it for a while, but --

16 Q. So do you not ballroom dance at all
17 anymore or just --

18 A. Not to --

19 Q. -- not as much?

20 A. Not as much. I do a half hour to an
21 hour lesson a week if I can get that in, but
22 I'm trying to build back up.

23 Q. And you usually ski?

24 A. Uh-huh. Downhill skiing.

25 Q. Where do you go skiing?

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 A. Well, I was -- I was doing it in
2 Pennsylvania, North Carolina; I did it in
3 Vermont since I've been back. I wanted to go
4 out to the West Coast. I used to ski in
5 Europe, all over Europe.

6 Q. Okay. And you haven't been since?

7 A. No.

8 Q. Who told you you couldn't?

9 A. Well, my neurosurgeon recommended that
10 I not in the first year after the surgery.

11 Q. Okay. Does he have you under any kind
12 of other restrictions that you know of?

13 A. Well, initially, of course, avoid
14 heavy lifting, use of computer. You know,
15 just after the recovery, you know, anything
16 that's going to put a strain on my neck, and
17 he -- I'm trying to -- I had that written
18 down. I kept a record of the different things
19 he told me not to do.

20 Q. Are you -- I mean, do you think you're
21 still underneath those --

22 A. No.

23 Q. -- almost two years out of surgery?

24 A. No, but I do -- I do get pain from
25 ballroom dancing, and I do have to be very

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 careful when I'm sitting and working in front
2 of a computer. I have to get up frequently,
3 do some exercises, whatever, but --

4 Q. Okay. How often do you have to get
5 up?

6 A. They recommend -- and it does work,
7 but I don't always do it -- every 20 minutes.

8 Q. And who is "they"?

9 A. Physical therapists at Carolina
10 Physical Therapy.

11 Q. Okay. How much of your job is sitting
12 in front of a computer?

13 A. It's the majority of the job.

14 Q. Okay. What about some other things,
15 do you have any trouble cooking, washing
16 clothes, doing dishes, running errands,
17 driving?

18 A. No. Driving long distances, and I
19 haven't had -- well, long flights can be
20 bothersome.

21 Q. Okay. When you say "long distances,"
22 you mentioned earlier that you drive all the
23 way up to Pennsylvania, but what about, you
24 know, in the state for work?

25 A. Recently I drove to the beach. It was

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 three and a half hours, so my neck was
2 bothering me then, and I happened to be at a
3 place where they had a whirlpool, so I went
4 into it.

5 Q. There you go.

6 A. It helped a lot.

7 Q. Okay. Is there any other parts of
8 your job that are -- you know, cause you
9 problems other than just sitting in front of
10 the computer? Is there any physical
11 requirements of your job?

12 A. No.

13 (Witness' cell phone rings.)

14 I'm sorry. I thought it turned that
15 off. Can I --

16 Q. Yeah.

17 A. I just -- I want to -- shoot. I must
18 have -- I think it's -- I hate it when that
19 happens. I think I must have knocked it or
20 something.

21 Q. That's fine. Okay.

22 A. I'm sorry. You were asking me?

23 Q. Yes, ma'am. Did you ever -- while you
24 were out, you didn't pursue short-term
25 disability or anything like that?

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 A. No.

2 Q. Okay. And do you have any other body
3 parts that are -- you think are injured as a
4 result of your fall --

5 A. No.

6 Q. -- that we haven't discussed?

7 A. No.

8 Q. Okay. Were you ever given an
9 impairment rating by any of your physicians?
10 Do you know what that is?

11 A. I've been -- I've been assessed for a
12 lot -- a lot of different times and it -- it
13 rings a bell. I'm trying to think if -- would
14 the physical therapist have done that?

15 Q. Most likely it would have been your
16 surgeon, but --

17 A. Okay.

18 Q. -- that's fine.

19 You mentioned you take Aleve. Do
20 you -- are you on any other medications for
21 either -- even things that aren't related to
22 this injury?

23 A. Occasionally Nexium for --

24 Q. Okay.

25 A. Yeah.

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 Q. Heart burn or something like that?

2 A. Yeah. Yeah. I was on muscle
3 relaxers, but they were very -- they were very
4 difficult for me to take because they made
5 me -- even when I halved them, they made me
6 very drowsy.

7 Q. Okay. Who was prescribing those to
8 you?

9 A. Let's see. I think -- I think the
10 first doctor did. I've been -- I've had them
11 prescribed a couple of times. I think -- I
12 think Dr. Scott did and I also think Dr. Tyler
13 did.

14 Q. Okay. But you're not taking them now?

15 A. No.

16 Q. Anything -- any other medications?

17 A. No.

18 Q. Okay. Any other problems you are
19 having that we haven't talked about? Do you
20 have any problems still in your -- it
21 was -- was it your left arm or your right arm?

22 A. It was my left arm.

23 Q. And are you right-handed?

24 A. Uh-huh.

25 Q. Okay. Do you have any current

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 problems in your left arm?

2 A. No.

3 Q. Okay. So it's pretty much just the
4 pain in your neck?

5 A. Uh-huh. Yeah.

6 Q. Okay. Any range of motion problems in
7 your neck currently?

8 A. Well, I don't have the full range.

9 Q. Can you exit onto the road like you
10 were saying that you noticed?

11 A. Yeah, I can.

12 Q. You can now?

13 A. Yeah. Yeah.

14 Q. Okay.

15 A. And I don't -- I will never get full
16 range because of the surgery, is what I've
17 been told by the physical therapist and the
18 doctor.

19 MR. SIMKOVICH: Okay. I think that's
20 all the questions I have for you, ma'am. If
21 you will, just let me -- give me a second just
22 to go over my notes and make sure there isn't
23 something else.

24 And if your attorney has any
25 questions, feel free to go to ahead and ask

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 them.

2 MR. GARNER: Okay. I don't think I
3 have any, but I will do some thumbing through.

4 THE WITNESS: I know I will think of
5 that supervisor later. She is in a district
6 now. She's at Spartanburg 3, but I can't
7 remember her name.

8 EXAMINATION

9 BY MR. GARNER:

10 Q. Let me ask you this. Did you have any
11 kind of accident or incident between the time
12 that you fell and the time that your neck
13 started bothering you other than this fall?

14 A. No.

15 MR. GARNER: Okay. That's it.

16 REEXAMINATION

17 BY MR. SIMKOVICH:

18 Q. Okay. The only other question I have,
19 when you would ask for -- originally when you
20 were asking about your neck to be covered by
21 workers' comp, did you talk to Felicia or how
22 did you go about doing that? Did you call
23 someone on the phone? Did you write a letter?
24 What did you do; do you remember?

25 A. I -- I talked to the nurse, myself I

BEVERLY BEQUEATH-COLLOM 09-13-2016

1 talked to the nurse case worker, and then I
2 had that adjuster contact me.

3 Q. How would he contact you? Was it by
4 phone?

5 A. Yes, it was by phone.

6 Q. Okay. And, well, do you remember his
7 name by chance?

8 A. I don't. I don't.

9 MR. SIMKOVICH: Okay. All right.
10 That's all the questions I have for you.

11 MR. GARNER: I don't have anything
12 else.

13 (The deposition concluded at
14 approximately 2:53 p.m.)
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BEVERLY BEQUEATH-COLLUM 09-13-2016

1 CERTIFICATE OF REPORTER

2

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I, Shelley Burgoyne, Court Reporter
and Notary Public for the State of South
Carolina at Large, do hereby certify:

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13

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.

14

15

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

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Witness my hand, I have hereunto
affixed my official seal this 24th day of
September, 2016, at Lexington County, South
Carolina.



Shelley Burgoyne, Court Reporter
Notary Public.
State of South Carolina at Large
My Commission expires:
June 29, 2020

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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. : 1315486

Beverly Bequeath-Collom,)	
Employee-Claimant,)	
vs.)	
South Carolina Department)	Deposition of
of Education,)	MIKE O. TYLER, JR., MD
Employer,)	September 28, 2016
and)	
State Accident Fund,)	
Carrier,)	
Defendants.)	

COPY

Deposition on oral examination of
MIKE O. TYLER, JR., MD, reported by Jeannette M.
King, 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 offices of Charleston Brain and Spine, 9313
Medical Plaza Drive, Suite 305, North Charleston,
South Carolina, commencing on Wednesday, September
28, 2016, at the hour of 4:16 p.m.

MIKE O. TYLER, JR., MD 9-28-2016

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APPEARANCES

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MIKE O. TYLER, JR., MD 9-28-2016

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CONTENTS

(Deposition of Mike O. Tyler, Jr., MD)

	PAGE
Stipulations	4
Examination by Mr. Simkovich	4
Examination by Mr. Garner	18
Reexamination by Mr. Simkovich	21
Certificate of Court Reporter	23

* * * * *

EXHIBIT INDEX

REPORTER'S NOTE: No exhibits were marked for identification.

MIKE O. TYLER, JR., MD 9-28-2016

1 This deposition is taken in accordance
2 with the South Carolina Rules of Civil Procedure.

3 It is agreed and stipulated by the
4 deponent and respective counsel that the reading and
5 signing of the deposition transcript by the deponent
6 is expressly waived.

7 WHEREUPON:

8 MIKE O. TYLER, JR., MD, after being duly
9 sworn and cautioned to speak the truth, the whole
10 truth and nothing but the truth, testified as
11 follows:

12 EXAMINATION

13 BY MR. SIMKOVICH:

14 Q. Dr. Tyler, we just met off the record, but
15 my name is John Paul Simkovich. I'm with the law
16 firm of Willson Jones Carter & Baxley. I'm here on
17 behalf of the South Carolina Department of Education
18 in Ms. Collom's workers' compensation claim.

19 I appreciate you joining us. I know
20 this -- I assume this isn't your first deposition.

21 A. No.

22 Q. So I'll just briefly go over a few rules.
23 Obviously, you were just put under oath, so do you
24 understand that everything you say today needs to be
25 the truth?

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MIKE O. TYLER, JR., MD 9-28-2016

1 A. Yes.

2 Q. In fact, this transcript, if we go to a
3 hearing, will be used in lieu of your presence. Do
4 you understand that? Correct?

5 A. Yes.

6 Q. And because of that, I'm just going to ask
7 you to respond verbally to all my questions and
8 refrain from un-huhs and um-huhs, anything like
9 that, so we just have an accurate record should we
10 go forward in court.

11 With that said, can you please tell me
12 about your educational background as it relates to
13 the practice of medicine?

14 A. Yes. I graduated from the University of
15 South Carolina, graduated from the Medical
16 University of South Carolina, did my general surgery
17 training for my neurosurgery in Baltimore at the
18 University of Maryland, did my neurosurgical
19 residency here in Charleston at the Medical
20 University of South Carolina.

21 After completing that residency, I was in
22 private practice in neurosurgery in Fort Myers,
23 Florida, for seven years. Moved back here in 1988.
24 I've been in private practice here approximately 28
25 years.

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MIKE O. TYLER, JR., MD 9-28-2016

1 I'm board certified by the American Board
2 of Neurological Surgeons. Have been since 1983. I
3 practice general neurosurgery, primarily
4 intracranial and spinal surgery.

5 Q. Very good. And I take it those
6 are Ms. Collom's medical records in front of you.

7 A. Yes.

8 Q. Okay. Well, can you tell me when you
9 first saw Ms. Collom?

10 A. She -- her first visit to this office was
11 on November 5, 2014.

12 Q. Okay. What was your understanding of why
13 she was visiting you?

14 A. She primarily was having problems with her
15 neck.

16 Q. And did she tell you any sort of cause for
17 her neck?

18 A. She said she had a fall at work about a
19 year and a half prior to her visit. She injured her
20 back and her neck and, initially, more of the
21 attention was given to her back problems. The back
22 pain had gotten better with conservative therapy but
23 she continued to have pain in her neck and pain
24 radiating to both shoulders, worse on the right side
25 than the left.

MIKE O. TYLER, JR., MD 9-28-2016

1 She had been seen by the Moore Orthopaedic
2 Group in Columbia. They diagnosed her as having a
3 spur disk complex on the right side at C5-6 and
4 recommended surgery and an artificial disk.

5 She has had conservative treatment
6 including epidural steroids, physical therapy. They
7 have not helped her. And she had tried traction.
8 This has not been helpful. And she's been taking
9 anti-inflammatories. These were not helping, plus
10 they were causing side effects. And she presented
11 here for further evaluation and treatment.

12 Q. I understand. So what was your ultimate
13 diagnosis?

14 A. Well, on the MRI scan she bought me from
15 Columbia, I thought she had some foraminal stenosis,
16 which is basically tightening of the openings of the
17 spine where the nerve goes through and off the
18 spinal cord, C4-5, C5-6, C6-7. I thought things
19 were worse at C5-6 as she had been diagnosed in
20 Columbia by the orthopaedist. She at that point had
21 really exhausted most of conservative therapy.

22 Normally, if I see someone that's not seen
23 someone, we'll go through all these things. We'll
24 go through therapy, injections. And she had already
25 been that route and nothing was working, so she had

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MIKE O. TYLER, JR., MD 9-28-2016

1 already had a very adequate trial of conservative
2 therapy. And at this point really, there wasn't
3 much else to do except either continue on as she was
4 or operate on her.

5 Q. Okay. And so that narrowing, that's
6 different than a herniated disk?

7 A. Yes. This -- all of it is a continuum,
8 part of the same process. The disk narrows. They
9 get spurs because the body tries to fuse that area.
10 Sometimes that can throw a piece of disk out, but
11 compared to an acute ruptured disk, that's -- what
12 she has is a little different, is what we call
13 spondylosis.

14 Now, spondylosis can be, and I think was
15 in her case, aggravated by her fall, but it's a
16 little different than a piece of disk that's broken
17 loose.

18 Q. Can it also be caused just over time,
19 aging?

20 A. It can. Let me finish my evaluation. As
21 I evaluated her, I felt that she needed a surgery
22 for the C5-6 and C6-7 level, that we did not need to
23 do the C4-5 level.

24 Q. And do you recall completing an affidavit
25 back on May 16, 2016?

ABC REPORTING SERVICE 803-730-3015

MIKE O. TYLER, JR., MD 9-28-2016

1 A. No.

2 Q. Do you need a copy?

3 A. Yes.

4 Q. Does that refresh your memory?

5 A. Not really. I mean, I see a lot of pieces
6 of paper that come across my desk. And you asked me
7 do I recall. I do not specifically recall this.
8 No, I don't. This is obviously my signature and
9 it's -- so I obviously signed it, but I don't
10 recall.

11 Q. Would you like to take a moment to review
12 it?

13 A. I would. Okay. And I stand by this.

14 Q. Yes, sir. And I'll just ask you to hold
15 on to it for a second.

16 A. Okay.

17 Q. I want to direct your attention the
18 paragraph, the last paragraph, on the first page.
19 Starting with, It appears Ms. Collom experienced no
20 symptoms related to her cervical problem prior to
21 her work-related accident and became symptomatic
22 shortly thereafter. How did you base --

23 A. By her history.

24 Q. Okay. And what history was that? Did you
25 review prior medicals?

MIKE O. TYLER, JR., MD 9-28-2016

1 A. What she told me.

2 Q. Did you see any medicals prior to the
3 alleged accident date?

4 A. I don't recall. But you have to
5 understand, a lot of attorneys don't understand
6 this, when a patient comes to me and says I have
7 this, this and this, it's not job to try to see if
8 they are being honest with me. I take what they say
9 at face value, so I'm not going to sit here and say,
10 Well, prove it. I take the history at face value.
11 As a physician, I have to do that.

12 That's different from your line of work
13 where you've got to check to make sure that's
14 accurate and legal. But medically, you listen to
15 what the patient tells you and you go by what the
16 patient tells you.

17 Q. Okay. But that statement is made solely
18 on what Ms. Collom told you?

19 A. Her history. Right.

20 Q. So in that regard, is it fair to say
21 you're not 100 percent sure whether or not she had
22 symptoms prior to this accident?

23 A. The only history I have is what she's
24 given me. And I'm not aware of any -- I was not
25 aware of any other significant history. Typically,

MIKE O. TYLER, JR., MD 9-28-2016

1 when people have a significant history, especially
2 when they're looking at a surgery, they'll tell you
3 because they don't want -- they're not telling you
4 something to cause you to have a problem with
5 surgery, so I found that most patients pretty much,
6 especially when they're sick -- they might forget
7 something, but usually they're pretty
8 straightforward with you especially when they're
9 going -- undergoing surgery.

10 Q. Okay. And then the second part of that
11 sentence it says, She was symptomatic shortly
12 thereafter. Can you provide any kind of timeframe
13 of what to expect?

14 A. No. Basically, as I stated previously,
15 she had her fall. Her neck and back were bothering
16 her, so she's symptomatic from both of them. The
17 back was bothering her the most. That got the
18 lion's share of the attention from those people
19 seeing her by her history.

20 The neck continued to bother her. As the
21 back resolved, the neck got progressively worse,
22 became more symptomatic. That's how I understood
23 this treatment from her.

24 Q. Is that unusual for it to present symptoms
25 so much later after?

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MIKE O. TYLER, JR., MD 9-28-2016

1 A. It's actually quite common. As a matter
2 of fact, in many cases where it's not litigation, if
3 somebody slips and falls in the tub at home,
4 especially if they have some pre-existing
5 spondylosis, it will get progressively worse over
6 time, so, no, that's not unusual at all. In fact,
7 it's a very common thing.

8 Q. And you were aware that she was alleging
9 this was a work-related accident, correct?

10 A. I was aware that she said she slipped at
11 work.

12 Q. Were you going to say something?

13 A. Well, basically, I don't know the details,
14 so maybe we can cut to the chase here. I think she
15 had pre-existing problems by history. Her history
16 that I got were basically not causing a problem,
17 pre-existing problems with her neck. They got
18 progressively worse after her fall, so I think what
19 you're dealing with here is an aggravation of her
20 pre-existing condition that got progressively worse.

21 Whether it would have gotten worse with
22 time or not, I don't know. The only history I have
23 is what's happened. And by history temporally, her
24 symptoms in her neck and their onset had progressed
25 after her injury, so what I see in this situation is

MIKE O. TYLER, JR., MD 9-28-2016

1 an aggravation of a pre-existing condition.

2 I cannot tell you completely whether --
3 what the future would be. That would be supposition
4 on my part. I'm not here to give you suppositions.
5 I'm trying to give you the best facts I can give
6 you. So based on the facts at hand, I have a lady
7 who by the history that I have, unless you have, you
8 know, her with seeing doctors all over the place for
9 her neck for years, didn't have problems with the
10 neck, had the fall, had worsening progressing
11 problems and ultimately had to have surgery, so
12 that's sort of the -- you know, what I see going on
13 with respect to the fall here.

14 Q. Okay. I would like to show you some of
15 her medical records that maybe you haven't had a
16 chance to see.

17 A. Okay.

18 Q. Are you aware of her -- her alleged
19 accident date was July 12, 2013?

20 A. I don't know the exact date. I remember
21 she gave me the history of about a year and half
22 before I saw her, so about 18 months before.

23 Q. I would like to show you those. You see
24 the date. This is shortly thereafter. If you
25 would, look halfway down the page. It shows her

MIKE O. TYLER, JR., MD 9-28-2016

1 diagnosis.

2 A. All right. So I'm sorry. So when did she
3 have her fall?

4 Q. July 12, 2013.

5 A. July 12th. So this is a week after?

6 Q. Correct. Yes, sir.

7 A. Okay. And so I'm sorry. What do you want
8 me to...

9 Q. Do you see any reference to the neck at
10 all in that medical record?

11 A. No. I mean, this is, again, pretty much
12 consistent with what she had said is initially
13 the -- the history she gave me once again was that
14 she injured her back and the neck. The back was
15 much worse, thus that's what everybody zeroed on.
16 The back got better. The neck got worse with time.

17 Yeah. And I don't see anywhere -- to
18 answer your question specially. I don't see -- as
19 best I can read this, this person's handwriting is
20 probably worse than mine, especially after Xeroxed,
21 I don't see that it says anything about neck. It
22 talks about -- it talks about back strain, which is,
23 again, consistent with the history she gave me.

24 Q. I want to give you one more medical
25 record. This is from Moore Orthopaedic dated

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MIKE O. TYLER, JR., MD 9-28-2016

1 October 11, 2013. The reason I hand you that,
2 Doctor, is in your medical opinion is it unusual for
3 symptoms still not to appear three months later
4 after an acute injury?

5 A. I would think that she would be having
6 some symptoms. They're not -- she may have other
7 symptoms, other problems, that were more pressing,
8 but it would be a little unusual for someone who
9 pretty much -- I can't say impossible, but -- and
10 the reason it can happen is that she can get
11 instability that gets progressively worse or
12 whatever, but I think it's probably also fairly
13 likely that they were zeroing in on her lower back
14 more than anything else. That's what's hurting her
15 the most.

16 The other thing is is what -- if not --
17 I'll read this note here. I do not see specific
18 mention made of problems with her neck, which is
19 true, and I think that's a point that, you know, you
20 probably want to make, but what I do see them saying
21 is that she had -- has irritated -- irritated a
22 variety of different areas of the body including her
23 lower back which she's here to discuss today. So
24 this says to me that where she may have other
25 complaints, the examiner zeroed in on her lower back

MIKE O. TYLER, JR., MD 9-28-2016

1 as her main complaint.

2 The other thing I would point out to you
3 is that it's very common for people with neck
4 problems to have pain referred to the mid-thoracic
5 spine, roughly that area between the shoulder
6 blades. That's typical.

7 Sometimes people come in and say, My back
8 hurts. And if you -- if you just take the -- if you
9 don't localize it, a lot of times it is this area
10 right between the shoulder blades. Ladies say it's
11 right where their brassiere strap goes.

12 And so a lot of times when they say
13 they've got back pain, it actually can come from the
14 neck. Not low back pain, but midback pain. It's
15 very commonly referred from the neck, so I don't
16 know from this note when he says it's back pain,
17 exactly where the back was hurting.

18 If we find out that, in fact, it was low
19 back and mid-thoracic, the mid-thoracic is a very
20 common source of site for referral for neck
21 problems, so I can't -- you know, to ask me about
22 the note written by Dr. Scott, you really need to
23 talk to Dr. Scott about that, but it sounds to me
24 like, you know, she came in, her biggest complaint
25 was lower back. That's understandable. I'm not

MIKE O. TYLER, JR., MD 9-28-2016

1 being critical. That's what he zeroed in on, but he
2 did note that she did have problems other places
3 too.

4 Q. Do you treat many workers' comp injuries?

5 A. I do not.

6 Q. Okay.

7 A. We treat them. We do not -- that's not a
8 segment of practice that we actively go after, so
9 to speak. We certainly do see workers' comp.
10 Usually as it comes in, it's referred by another
11 physician. There are some self-referred. We will
12 see them, but we don't generally do a lot of comp.

13 We'll see comp and trauma from the ER, but
14 I'd say it's a very small part of our practice.

15 Q. Okay. So do you turn people away when
16 they present with a workers' comp issue?

17 A. Not necessarily, no, but we don't actively
18 seek it.

19 Q. Do you know if you ever reached out to the
20 workers' comp insurance carrier as it relates to
21 Ms. Collom?

22 A. No. Nor do we reach out to attorneys
23 either. We don't -- I'm sorry. If somebody calls
24 up and says, I have a workers' comp, we will see
25 them, but it's usually on referral, I mean, but we

ABC REPORTING SERVICE 803-730-3015

MIKE O. TYLER, JR., MD 9-28-2016

1 don't -- there's some practices where that's a large
2 part of their practice. It's not a large part of
3 our practice. There are practices in every
4 community where they see a lot of work comp. That's
5 not us.

6 MR. SIMKOVICH: Thank you, Doctor. That's
7 all the questions I have.

8 EXAMINATION

9 BY MR. GARNER:

10 Q. I just have a few. I'm Hope Garner and I
11 do represent Ms. Collom.

12 I want to show you a record that's part of
13 my package here, which I'm going to try to keep it
14 together, if you don't mind. It's dated -- is that
15 dated July 26, 2013?

16 A. Yes.

17 Q. And that's a Progressive Physical Therapy
18 note; is that correct?

19 A. Yes.

20 Q. What does that say as far as the problem?

21 A. It says, Patient is a 65-year-old female
22 with complaints of neck/back pain since 12 of -- of
23 7-12-13.

24 Q. And 7-12-13, is that the date of the
25 accident?

MIKE O. TYLER, JR., MD 9-28-2016

1 A. I think that's correct.

2 Q. And if you would, refer to that language
3 down there. What does that say?

4 A. It looks like it says whiplash and
5 right -- I'm not sure what that says. Dysfunction.
6 I think it's sacral -- I think it's SI joint,
7 sacroiliac joint dysfunction, status/post fall
8 causing pain and inflammation and decreased range of
9 motion. So whiplash would refer to a flexion and
10 extension injury to your neck. The SIJ dysfunction,
11 which I assume to mean sacroiliac joint dysfunction,
12 will refer to the lower back pain.

13 Q. Again, this is dated some 14 days after
14 the accident; is that correct?

15 A. Yes.

16 Q. You were shown a record from Dr. Scott of
17 Moore Orthopaedic. Says -- and you were asked the
18 question was it unusual for a neck problem not to
19 show up before October 26, 2014. This is some three
20 months before that; isn't it?

21 A. That's correct.

22 Q. That indicates that a neck problem has
23 shown up?

24 A. That's what it says.

25 Q. Okay. Doctor, you were asked earlier if

MIKE O. TYLER, JR., MD 9-28-2016

1 you were specifically aware of her having any --
2 Ms. Collom having any neck problems prior to the
3 fall and you said you were not aware; is that
4 correct?

5 A. That's correct.

6 Q. Were you shown any records today that
7 changes that opinion?

8 A. No.

9 Q. Were you shown any records at any time
10 that showed that she had a neck problem prior to her
11 fall?

12 A. No. Not that I recall.

13 Q. And as far as your affidavit is concerned,
14 you've had a chance to review it, do you recall now
15 making these assessments?

16 A. Yes.

17 Q. And do you stand by all these assessments?

18 A. Yes.

19 Q. Is this your opinion, medical opinion,
20 most probably to a reasonable degree of medical
21 certainty?

22 A. Yes.

23 Q. Based on the information you've been
24 provided, the records you looked at, the questions
25 you've been asked today, do you have an opinion as

MIKE O. TYLER, JR., MD 9-28-2016

1 to whether or not the fall was the precipitating
2 cause of Ms. Collom needing the surgery that you
3 performed when you performed it?

4 A. As I've already stated, I think the fall
5 aggravated a pre-existing condition that was not
6 symptomatic previously. Based on that, I would say
7 that within the realm of reasonable medical
8 probability the accident precipitated the changes
9 that ultimately lead to her having to have surgery,
10 but I can't say this 100 percent because I can't,
11 but I'd say that based on the history that to me it
12 all fits together. The fall...

13 Q. Based on the history, could you say that
14 that most probably was the cause?

15 A. Most probably, yes.

16 Q. And can you make that statement to a
17 reasonable degree of medical certainty?

18 A. Yes.

19 MR. GARNER: That's all, Doctor. Thank
20 you.

21 REEXAMINATION

22 BY MR. SIMKOVICH:

23 Q. Just a follow up. That history is based
24 on what Ms. Collom told you?

25 A. Yes.

ABC REPORTING SERVICE 803-730-3015

MIKE O. TYLER, JR., MD 9-28-2016

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MR. SIMKOVICH: I have nothing further.

(WHEREUPON, the taking of this sworn deposition was concluded approximately 4:39 p.m.)

MIKE O. TYLER, JR., MD 9-28-2016

CERTIFICATE OF REPORTER

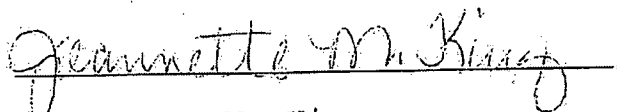
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I, Jeannette M. King, Court Reporter and Notary Public in and for the State of South Carolina, do hereby certify:

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 examination 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 23rd day of October, 2016, at Berkeley County, South Carolina.



Jeannette M. King
Court Reporter and Notary Public
State of South Carolina at Large.
My commission expires: 3/12/17

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



WCC File #: 1315486
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Beverly Bequeath-Collom SSN: 207-36-7979 Employer's Name: SC Department of Education
Address: 564 Village Church Dr. Address: 1429 Senate St.
City: Chapin State: SC Zip: 29036 City: Columbia State: SC Zip: 29201
Home Phone: (803) 467-5234 Work Phone: (803) 734-7939 Insurance Carrier: State Accident Fund
Preparer's Name: Everett Hope Garner Law Firm: Holler Garner Preparer's Phone #: (803) 765-2968

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 7/12/13

- Injury Illness Repetitive/Trauma Occupational Disease Physical Brain Injury Concurrent Jurisdiction
- The claimant sustained an injury to Back, neck, arm (Part(s) of Body Injured) on 7/12/13 (Month/Day/Year) in Kershaw county, state of South Carolina.
Body part(s) affected are: Back, neck, arm
 - Briefly describe how the accident occurred. Claimant fell on wet floor at a school
 - Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
 - The relationship of employer and employee existed at the time of injury.
 - At the time of the injury the claimant was performing services arising out of and in the course of employment.
 - Notice of the accidental injury was given to the Employer on 7/12/13 (Month/Day/Year) in the following manner:
Verbal notice to program manager
7. Due to injury, the claimant is in need of (check one):
 (a) medical examination and treatment for: _____
 (b) additional medical examination and treatment for: back, neck, arm
8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
To be determined
9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
 (1) General Disability: Total Partial (2) Specific Disability: Total Partial (3) Wage Loss
9a. A determination of permanent disability is premature at this time.
10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
Unknown at this time
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$Form 20 requested, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
S.C. Department of Education
11. Further grounds or unusual aspects of claim:
Any and all remedies available under the Act, lump sum payment, Utica Mohawk language
- 11c. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Moore Orthopaedic Clinic, 104 Saluda Pointe Dr., Lexington, SC 29072; Progressive Physical Therapy, 100 Jimmy Love Lane, Columbia, SC 29212, Jawahar Swaminathan, Doctors Care Seven Oaks, 100 Jimmy Love Lane, Columbia, SC 29212; Med Fit, 171-B Broad River Rd., Irmo, SC 29063; Dr. Mike O. Tyler, Jr., 93 Medical Plaza Dr., Suite 305, N. Charleston, SC 29406
- 11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- 13a. I am filing a claim. I am not requesting a hearing at this time. 14. Estimated time needed for hearing: 1 hour
- 13b. I am requesting a hearing. A \$25 fee is required.

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

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.
I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Shannon T. Poteat, Esquire, Willson Jones Carter & Baxley, 4500 Fort Jackson Blvd., Columbia, SC 29209 on the 21st day of December, 2016, by first class postage certified mail personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.
Everett H. Garner Attorney ehgarner05@yahoo.com 12/20/16
Preparer's Signature Title Email Date

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



WCC File #: 1315486
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Beverly Bequeath-Collom SSN: 207-36-7979 Employer's Name: SC Department of Education
Address: 564 Village Church Dr. Address: 1429 Senate St.
City: Chapin State: SC Zip: 29036 City: Columbia State: SC Zip: 29202
Home Phone: (803) 467-5234 Work Phone: (803) 734-7939 Insurance Carrier: State Accident Fund
Preparer's Name: Everett Hope Garner Law Firm: Holler Garner Preparer's Phone #: (803) 765-2968

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Body part(s) affected are: Back, neck, arm
 - Briefly describe how the accident occurred. Claimant fell on wet floor at a school
 - Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
 - The relationship of employer and employee existed at the time of injury.
 - At the time of the injury the claimant was performing services arising out of and in the course of employment.
 - Notice of the accidental injury was given to the Employer on 7/12/13 (Month/Day/Year) in the following manner:
Verbal notice to program manager
7. Due to injury, the claimant is in need of (check one):
 (a) medical examination and treatment for: _____
 (b) additional medical examination and treatment for: back, neck, arm
8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
To be determined
9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
 (1) General Disability: Total Partial (2) Specific Disability: Total Partial (3) Wage Loss
- 9a. A determination of permanent disability is premature at this time.
10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
Unknown at this time
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$Form 20 requested, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
S.C. Department of Education
11. Further grounds or unusual aspects of claim:
Any and all remedies available under the Act, lump sum payment, Utica Mohawk language
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Moore Orthopaedic Clinic, 104 Saluda Ponte Dr., Lexington, SC 29072; Progressive Physical Therapy, 100 Jimmy Love Lane, Columbia, SC 29212, Jawahar Swaminathan, Doctors Care Seven Oaks, 100 Jimmy Love Lane, Columbia, SC 29212; Med Fit, 171-B Broad River Rd., Irmo, SC 29063; Dr. Mike O. Tyler, Jr., 93 Medical Plaza Dr., Suite 305, N. Charleston, SC 29406
- 11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

13a. I am filing a claim. I am not requesting a hearing at this time. 14. Estimated time needed for hearing: 1 hour

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

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

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.
I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Shannon T. Poteat, Esquire, Willson Jones Carter & Baxley, 3600 Forest Dr., Suite 204, Columbia, SC 29204 on the 9th day of January, 2017, by first class postage certified mail personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.
Everett H. Garner Attorney ehgarner05@yahoo.com 1/9/17
Preparer's Signature Title Email Date

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675 www.wcc.sc.gov



WCC File #: 1312400
Carrier File #: 2013-2343
Carrier Code #:
Employer FEIN #:

Claimant's Name: Beverly Bequeath Collom SSN: 207-36-7979 Employer's Name: South Carolina Department of Education
Address: 564 Village Church Dr. Address: 1429 Senate Street
City: Chapin State: SC Zip: 29036 City: Columbia State: SC Zip: 2920
Home Phone: (803) 467-5234 Work Phone: Insurance Carrier: State Accident Fund
Preparer's Name: Shannon Till Poteat Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (803) 227-2883

Date of Injury or Illness: 7/12/2013

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

- It is Admitted Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendants admit injury to Claimant's low back; however, extent of injury and all other body parts allegedly affected are denied. Alternatively, if injuries to Claimant's neck and arm are compensable, Defendants deny responsibility for reimbursement of medical treatment sought using Claimant's own health insurance.
- It is Admitted Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1 above.
- It is Admitted Denied the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1 above.
- It is Admitted Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: See No. 1 above.
- It is Admitted Denied notice of injury was given the employer. The reasons for denial are: See No. 1 above.
- It is Admitted Denied the employee Needs Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are: See No. 1 above.
- It is Admitted Denied the employee is entitled to temporary total disability for the period(s) of: To be determined.
- It is Admitted Denied the employee is permanently disabled. The reasons for denial are: Disability, if any, to be determined by South Carolina Workers' Compensation Commission.
- It is Admitted Denied the employee has serious disfigurement
- It is contended that an average weekly wage of \$ 1335.38 applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are: §42-15-60; Defendants reserve the right to amend and to assert defenses as they become aware of them.

Mediation

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

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

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Everett Hope Gamet, 1777 Bull Street, P.O. Box 11006 Columbia, SC 29211 and Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 7th day of February, 2017 by first class mail personal service certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

Shannon Till Poteat Attorney for the Employer/Insurer stpoteat@wjlaw.net 02/07/2017
Preparer's Signature Title Email Date
Mary Jo Lawracy Certifier, Mary Jo Lawracy

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



Claimant's Name: Beverly Bequeath-Collom SSN: 207-36-7979 Employer's Name: South Carolina Department of Education
Address: 564 Village Church Dr. Address: 1429 Senate Street
City: Chapin State: SC Zip: 29036 City: Columbia State: SC Zip: 29201
Home Phone: (803) 467-5234 Work Phone: _____ Insurance Carrier: State Accident Fund
Preparer's Name: Shannon Till Poteat Law Firm: Wilson Jones Carter & Baxley, P.A. Preparer's Phone #: (803) 227-2883

The date of injury reported on Form 12A is: 7/12/2013 (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 _____ (m/d/yyyy) (copy of medical report must be attached).
Compensation payments are current as of _____ (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 _____ (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:
§ 42-9-30 for the lumbar spine.
Claimant reached maximum medical improvement 1/27/2014 (m/d/yyyy) (copy of medical report must be attached).

- V. **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**
VI. **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.
VII. **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 that I have served this document pursuant to R.67-212 by delivering a copy to: Everett Hope Garner, 1777 Bull Street, P.O. Box 11006
Name & Address
Columbia, SC 29211 and Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 13th day of September, 2017 by first class mail
personal service certified mail.

Shannon Till Poteat Attorney for Defendants stpoteat@wilaw.net 09/13/2017
Preparer's Signature Title Email Date

Leigh Ball
Certifier, Leigh Ball

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1315486

EMPLOYEE/CLAIMANT: BEVERLY BEQUEATH-COLLOM

EMPLOYER: SC DEPARTMENT OF EDUCATION

CARRIER: STATE ACCIDENT FUND

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 18TH DAY
OF JANUARY, 2018, COMMENCING AT THE HOUR OF 12:37 P.M.,
IN COLUMBIA, SOUTH CAROLINA, BEFORE THE HONORABLE AISHA
TAYLOR, ATTENDED BY COUNSEL AS FOLLOWS:

TIMMI A. PARRISH
VERBATIM REPORTER

ORIGINAL

TIMMI A. PARRISH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, SC 29376
864-921-8743

APPEARANCES

EVERETT H. GARNER, ESQUIRE, OF THE FIRM
HOLLER, GARNER, CORBETT, GILCHRIST & MASON
POST OFFICE BOX 11006
COLUMBIA, SOUTH CAROLINA 29211

ATTORNEY FOR THE CLAIMANT,

SHANNON TILL POTEAT, ESQUIRE, OF THE FIRM
WILLSON, JONES, CARTER & BAXLEY, P.A.
3600 FOREST DRIVE, SUITE 204
COLUMBIA, SOUTH CAROLINA 29204

ATTORNEY FOR THE EMPLOYER/CARRIER..

I N D E X

	<u>PAGE</u>
<u>BEVERLY BEQUEATH-COLLOM:</u>	
DIRECT EXAMINATION BY MR. GARNER.....	10
CROSS EXAMINATION BY MS. POTEAT.....	28
CERTIFICATE OF NOTARY PUBLIC.....	32

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PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN COLUMBIA,
SOUTH CAROLINA.

* * * * *

BY COMMISSIONER TAYLOR:

TODAY IS JANUARY 18TH, 2018. WE ARE HERE ON
WORKERS' COMPENSATION CLAIM NUMBER 1315486. THIS IS
THE CLAIM OF MS. BEVERLY BEQUEATH-COLLOM, WHO IS
PRESENT HERE TODAY AND REPRESENTED BY MR. EVERETT
HOPE GARNER. THE EMPLOYER IS SOUTH CAROLINA
DEPARTMENT OF EDUCATION, AND THE CARRIER IS THE
STATE ACCIDENT FUND. BOTH THE EMPLOYER AND CARRIER
ARE REPRESENTED TODAY BY MS. SHANNON TILL POTEAT. I
HAVE AN ORIGINAL DATE OF INJURY OF JULY 12TH, 2013.
WE ARE HERE TODAY ON BOTH THE EMPLOYER'S FORM 21,
REQUEST FOR HEARING, AS WELL AS THE CLAIMANT'S FORM
50, REQUEST FOR HEARING. THE CLAIMANT HAS A
COMPENSATION RATE OF 743.72, WHICH IS THE MAXIMUM
COMPENSATION RATE FOR 2013.

I WILL ALLOW THE PARTIES TO PUT DETAILED
POSITION STATEMENTS ON THE RECORD. HOWEVER, PRIOR
TO DOING SO, ARE THERE ANY OBJECTIONS TO APAs,
JURISDICTION, VENUE, OR ANY OTHER ITEMS?

BY MR. GARNER:

1 NONE FROM THE CLAIMANT.

2 BY THE COMMISSIONER:

3 OKAY.

4 BY MS. POTEAT:

5 NO.

6 BY THE COMMISSIONER:

7 ALL RIGHT. THANK YOU. WITHOUT OBJECTION THE
8 COMMISSION FILE BECOMES A PART OF THE RECORD, WITH
9 THE EXCEPTION OF SELF-SERVING DECLARATIONS AND
10 UNSTIPULATED MEDICAL REPORTS. MR. GARNER?

11 BY MR. GARNER:

12 THANK YOU, COMMISSIONER. BEVERLY BEQUEATH-
13 COLLOM IS A LONG-TIME EMPLOYEE OF THE SOUTH CAROLINA
14 DEPARTMENT OF EDUCATION. BACK IN JULY 12TH, 2013,
15 SHE SUFFERED AN ACCIDENT AT A REMOTE SCHOOL WHERE
16 SHE WAS DOING A SEMINAR-TYPE PROCEEDING, AND SHE
17 FELL ONTO HER BACK, AND THE INITIAL INJURY WAS
18 FOCUSED ON HER LUMBAR SPINE. WITHIN TWO WEEKS AFTER
19 THAT, SHE WAS COMPLAINING TO THE THERAPIST, WHICH IS
20 FULLY DOCUMENTED IN THE APAs AND THE RECORD, ABOUT
21 PROBLEMS WITH BOTH HER BACK AND HER NECK. THE LOWER
22 BACK INJURY WAS ACCEPTED. SHE WENT TO AN APPROVED
23 DOCTOR, DR. DAVID SCOTT AT MOORE ORTHOPEDIC, WHO
24 TREATED HER FOR THE BACK INITIALLY. HE DIAGNOSED,
25 ALONG WITH A COLLEAGUE, THE NECK PROBLEM AND

1 REQUESTED THAT HE BE ALLOWED -- FROM WORKERS' COMP
2 -- BE ALLOWED TO TREAT THAT. THAT WAS DENIED.
3 BEVERLY CONTINUED TO HAVE PROBLEMS, UNDERWENT
4 CONSERVATIVE THERAPY, INJECTIONS, EVERYTHING,
5 EXHAUSTED EVERYTHING, WAS STILL IN PAIN TO THE
6 EXTENT THAT SHE WENT TO ANOTHER DOCTOR TO GET A
7 SECOND OPINION, ULTIMATELY ENDED UP WITH DR. MIKE
8 TYLER DOWN IN NORTH CHARLESTON, WHO PERFORMED
9 SURGERY IN THE FORM OF A TWO-LEVEL CERVICAL
10 DISCECTOMY. AND SHE MISSED ABOUT -- I THINK HER
11 TESTIMONY WILL BE -- ABOUT FOUR WEEKS FROM WORK
12 AFTER THAT SURGERY. LIKE I SAID, SHE'S A LONG-TERM
13 DEDICATED EMPLOYEE. SHE WAS WANTING TO GET BACK TO
14 WORK. SHE DIDN'T MISS ANYTHING FROM THE FIRST LOWER
15 BACK TREATMENT PROBLEM, EXCEPT FOR SCATTERED DAYS
16 HERE AND THERE WHEN SHE -- FOR THERAPY, GOING TO
17 THERAPY AND SO FORTH.

18 IT'S OUR POSITION THAT THE ISSUE THAT NEEDS TO
19 BE DECIDED TODAY, COMMISSIONER, AS A RESULT OF THIS
20 HEARING IS THE COMPENSABILITY OF THE NECK, AND ALL
21 THE ATTENDANT MEDICAL EXPENSES ARE RELATED BACK TO
22 THE INJURY, AS WE WILL RELY PRIMARILY IN THIS CASE
23 ON DR. TYLER'S DEPOSITION, AFFIDAVIT AND DEPOSITION.
24 THAT IN HIS MEDICAL OPINION THAT THE INJURY SHE
25 SUFFERED TO HER NECK WAS AT LEAST A SEVERE

1 AGGRAVATION OF THE -- OF AN UNDERLYING PROBLEM, IF
2 NOT THE OUTFRIGHT PRIMARY CAUSE OF HER NEEDING THE
3 NECK SURGERY. HE TESTIFIED SPECIFICALLY SHE WOULD
4 NOT HAVE NEEDED THE NECK SURGERY IF NOT FOR THE
5 INJURY SUFFERED IN THE FALL. SO, IT'S OUR POSITION
6 THAT THE CARRIER SHOULD BE RESPONSIBLE FOR ALL
7 ATTENDANT MEDICAL EXPENSES RELATED TO THE CERVICAL
8 TREATMENT.

9 **BY THE COMMISSIONER:**

10 THANK YOU, SIR. ALL RIGHT. MS. POTEAT.

11 **BY MS. POTEAT:**

12 THANK YOU. COMMISSIONER, THIS IS AN ADMITTED
13 INJURY TO THE LOWER BACK ON JULY 12, 2013. THERE
14 WAS A FORM 50 FILED ALLEGING THE NECK. A 51 WAS
15 FILED ON AUGUST 24TH, 2014, SPECIFICALLY DENYING THE
16 CERVICAL. TREATMENT WAS PROVIDED FOR THE LUMBAR
17 INJURY, AND MS. BEQUEATH-COLLOM WAS RELEASED FULL-
18 DUTY WORK, NO RESTRICTIONS, AND, IN FACT, RETURNED
19 TO WORK AS TO THE LUMBAR. THAT WAS BACK IN DECEMBER
20 OF 2013. THERE WAS A STATE ELECTION FORM SIGNED FOR
21 THE USE OF ANNUAL AND SICK LEAVE. THERE -- I THINK
22 HOPE SAID THERE WAS A MENTION OF CERVICAL.
23 INITIALLY, THAT WAS ONLY IN PHYSICAL THERAPY
24 RECORDS. IT WAS NOT UNTIL A COUPLE MONTHS LATER
25 THAT IT WAS MENTIONED IN THE MEDICAL RECORDS FROM A

1 PHYSICIAN, AND HE WAS CORRECT IN THAT IT WAS DENIED.
2 AT THAT POINT, MS. BEQUEATH-COLLOM USED EITHER HER
3 HEALTH INSURANCE OR MEDICARE -- I'M NOT SURE WHICH
4 ONE -- TO SEEK HER OWN MEDICAL TREATMENT. WE WOULD
5 TAKE THE POSITION THAT YOU FIND -- EVEN IF YOU FIND
6 THAT THE CERVICAL CONDITION AND INJURY WAS A
7 COMPENSABLE COMPONENT OF THIS CLAIM, THAT YOU DENY
8 ENTITLEMENT TO ANY REIMBURSEMENT OF MEDICAL UP UNTIL
9 THE DATE YOU ISSUE THE ORDER, AS IT WAS NOT
10 EMERGENCY TREATMENT.

11 IN TERMS OF THE LUMBAR, WE HAVE FILED A FORM 51
12 AND ASSERT THAT THERE IS NO DISABILITY RELATED TO
13 THE LUMBAR INJURY DUE TO THE PRN, REGULAR WORK, AND
14 NO FOLLOW-UP THAT WAS FOUR YEARS AGO. IN TERMS OF
15 THE CERVICAL, IT'S OUR POSITION THAT IF YOU FIND IT
16 TO BE COMPENSABLE, THAT YOU CAN MAKE A DETERMINATION
17 AS TO DISABILITY EVEN WITHOUT A RATING, THAT YOU
18 TAKE INTO CONSIDERATION THAT SHE DID RETURN TO HER
19 REGULAR JOB UNTIL SHE RETIRED THIS PAST JUNE.

20 AND THEN WE WOULD ALSO POINT OUT IN THE APAS
21 THAT THERE IS WHAT WE WOULD ASSERT IS AN INTERVENING
22 INCIDENT IN FEBRUARY OF 2016, WHEN SOMETHING
23 OCCURRED AT A STORE WHERE SOME BOXES FELL ONTO HER
24 CERVICAL SPINE AND SHE RECEIVED SOME TREATMENT FROM
25 HER PRIMARY CARE PHYSICIAN FOR THAT.

1 AS TO THE T.T.D., THE DEPOSITION TESTIMONY WAS
 2 THAT THE SURGERY WAS IN, I THINK, NOVEMBER. WE
 3 WOULD ARGUE THERE IS NOT ENTITLEMENT TO T.T.D. THE
 4 TESTIMONY AT THE TIME WAS THAT IT WAS TWO TO THREE
 5 WEEKS BUT THAT SHE TOOK SICK LEAVE AT THE TIME, AND
 6 IT WAS RIGHT AROUND CHRISTMAS BREAK, AND SHE WORKS
 7 FOR THE EDUCATION -- OR WORKED FOR THE EDUCATION
 8 DEPARTMENT.

9 SO THAT IS -- THAT'S OUR POSITION.

10 BY THE COMMISSIONER:

11 OKAY. THANK YOU. ALL RIGHT. MR. GARNER, YOU
 12 MAY CALL YOUR FIRST WITNESS.

13 BY MR. GARNER:

14 WE CALL BEVERLY BEQUEATH-COLLOM.

15 BY THE COMMISSIONER:

16 OKAY. MADAM COURT REPORTER, WILL YOU PLEASE
 17 SWEAR THE WITNESS.

18 BY THE COURT REPORTER:

19 MA'AM, IF YOU WOULD RAISE YOUR RIGHT HAND,
 20 PLEASE.

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22 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
 23 WHOLE TRUTH AND NOTHING BUT THE TRUTH CONCERNING THE
 24 MATTER HEREIN:

25 BEVERLY BEQUEATH-COLLOM,

1 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS
2 FOLLOWS:

3 BY THE COMMISSIONER:

4 MR. GARNER.

5 DIRECT EXAMINATION BY MR. GARNER:

6 Q. STATE YOUR FULL NAME FOR THE RECORD, PLEASE.

7 A. BEVERLY ANN BEQUEATH-COLLOM.

8 Q. DID I PRONOUNCE IT CORRECTLY FOR A CHANGE?

9 A. YES, YOU DID.

10 Q. I MIGHT HAVE CALLED YOU BEQUEATH.

11 A. THAT'S ALL RIGHT.

12 Q. YOU GO BY BEV, IS THAT RIGHT?

13 A. YES, I DO.

14 Q. BEV, TELL THE COMMISSIONER A LITTLE BIT ABOUT
15 YOURSELF. WHERE DO YOU LIVE?

16 A. I LIVE AT VILLAGE CHURCH DRIVE, 564, IN CHAPIN.

17 Q. ABOUT HOW LONG HAVE YOU LIVED THERE?

18 A. I'VE LIVED THERE EIGHT YEARS.

19 Q. OKAY. WHERE WERE YOU BORN AND RAISED?

20 A. I WAS BORN IN EVERETT, PENNSYLVANIA.

21 Q. HOW LONG HAVE YOU LIVED IN THIS AREA?

22 A. ON AND OFF, PROBABLY ALMOST 30 YEARS.

23 Q. WHAT IS YOUR MARITAL STATUS?

24 A. I'M A WIDOW.

25 Q. HOW LONG HAVE YOU BEEN WIDOWED?

- 1 A. I'VE BEEN WIDOWED FOR 14 YEARS.
- 2 Q. ARE YOU RETIRED NOW?
- 3 A. I AM.
- 4 Q. WHEN DID YOU RETIRE?
- 5 A. JUNE 30TH OF 2017.
- 6 Q. WHERE WAS THE LAST PLACE YOU WORKED?
- 7 A. SOUTH CAROLINA DEPARTMENT OF EDUCATION.
- 8 Q. AND WHAT WAS YOUR POSITION THERE?
- 9 A. MY POSITION WAS -- I WAS AN INTERVENTION SPECIALIST.
- 10 THE LAST ASSIGNMENT WAS IN THE OFFICE OF EARLY
- 11 LEARNING AND LITERACY.
- 12 Q. HOW LONG WERE YOU EMPLOYED BY THE DEPARTMENT OF
- 13 EDUCATION?
- 14 A. THIRTEEN YEARS.
- 15 Q. WHAT'S YOUR EDUCATIONAL LEVEL, BEV?
- 16 A. I HAVE A MASTER'S PLUS ALMOST 45 ADDITIONAL CREDITS
- 17 IN THE AREA OF READING.
- 18 Q. DID YOU SPEND SOME TIME OVERSEAS TEACHING, IN
- 19 TEACHING-TYPE POSITIONS?
- 20 A. YES, I DID.
- 21 Q. WHEN WAS THAT?
- 22 A. FROM 1986 TO 2002.
- 23 Q. UNDER THE AUSPICES OF WHAT AUTHORITY?
- 24 A. I WAS WORKING WITH THE DEPARTMENT OF DEFENSE,
- 25 DEPENDENT SCHOOL SYSTEM.

1 Q. WHERE WERE YOU?

2 A. I WAS IN GERMANY.

3 Q. LET'S GO FORWARD TO THE DATE OF YOUR ACCIDENT, JULY
4 12TH, 2013. IS THAT CORRECT?

5 A. CORRECT.

6 Q. OKAY. BRIEFLY GO THROUGH THE DETAILS OF WHAT YOU
7 WERE DOING THAT DAY.

8 A. I WAS COMING TO WORK AT LUGOFF MIDDLE SCHOOL, WHERE
9 THE OFFICE THAT I WAS WORKING IN AT THE TIME, WHICH
10 WAS THE OFFICE OF SPECIAL EDUCATION, WAS CONDUCTING
11 AN EDUCATIONAL CONFERENCE FOR TEACHERS AND
12 ADMINISTRATORS. AND THIS WAS THE FIFTH DAY. WE HAD
13 BEEN THERE ALL WEEK. AND IT WAS RAINING, AND I WAS
14 COMING IN FROM THE PARKING LOT INTO THE AREA WHERE
15 WE HOUSED OURSELVES, THOSE OF US THAT WERE
16 FACILITATING THE CONFERENCE. AND I TOOK ONE OR TWO
17 STEPS, I THINK IT WAS TWO STEPS, AND ALL OF A SUDDEN
18 MY FEET FLEW OUT FROM UNDER ME AND I FELL ON -- IT
19 WAS IN A CAFETERIA ON A HARD SURFACE, AND I FELL ON
20 MY LEFT-HAND SIDE. I TRIED TO BRACE MYSELF SO MY
21 HEAD WOULDN'T HIT THE FLOOR. I GOT UP, LOOKED
22 BEHIND ME TO MAKE SURE THERE WAS NO ONE ELSE COMING.

23 Q. WHAT PART OF YOUR BODY HIT THE FLOOR?

24 A. MY -- MY BACK. I MEAN, MY FEET FLEW OUT FROM ME,
25 AND I REMEMBER FALLING ON MY LEFT SIDE. WHEN I

1 LOOKED, I SAW THERE WAS WATER ON THE FLOOR, AND
2 THERE WAS NOT A MAT THERE. THERE HAD BEEN A MAT
3 THERE FOUR OUT OF THE FIVE DAYS. DO YOU WANT ME TO
4 GO ON?

5 Q. HOW DID YOU FEEL AFTER THE FALL?

6 A. I FELT FINE. I WENT IMMEDIATELY TO MY SUPERVISOR,
7 BECAUSE I WANTED TO MAKE SURE THAT NO ONE ELSE WOULD
8 GET HURT, AND -- AND THEN WE, IN TURN, GOT IN TOUCH
9 WITH THE ASSISTANT PRINCIPAL THAT WAS THERE AT THE
10 FACILITY, THAT WAS PAID TO BE THERE, AND -- YOUR
11 ORIGINAL QUESTION WAS HOW WAS I FEELING. I WAS
12 FEELING FINE. I WAS A FACILITATOR FOR PRESENTERS,
13 AND AS THE DAY WORE ON, IN EARLY AFTERNOON I WAS
14 FEELING NOT VERY GOOD. I WAS ACHY ALL OVER AND WENT
15 -- THEN WENT HOME.

16 Q. DID YOU SEEK MEDICAL TREATMENT, BEV?

17 A. WELL, I WAS TOLD THAT I NEEDED TO FILL OUT A ---

18 BY MS. POTEAT:

19 I'LL OBJECT TO WHAT SHE WAS TOLD.

20 BY MR. GARNER:

21 IT'S AN AGENT OF THE EMPLOYER.

22 BY THE COMMISSIONER:

23 OKAY.

24 BY MS. POTEAT:

25 I DON'T KNOW WHO SHE SAID SHE WAS TOLD.

DIRECT EXAMINATION RESUMED BY MR. GARNER:

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Q.. WHO TOLD YOU?

A. MY IMMEDIATE SUPERVISOR TOLD ME THAT I NEEDED TO FILL OUT A WORKMAN'S COMP FORM, AND THEY DIDN'T HAVE ANY THERE. AND SO THEN OUR WHAT WE CALL PROGRAM MANAGER SAID, "WE'LL GET YOU ONE, BEV, ON MONDAY WHEN YOU COME BACK TO WORK." AND SO I -- WANT ME TO CONTINUE IN THAT SAME VEIN?

Q. OKAY. DID YOU -- HOW LONG WAS IT BEFORE YOU GOT MEDICAL TREATMENT?

A. HOW LONG WAS IT 'TIL I WHAT? I'M SORRY.

Q. GOT MEDICAL TREATMENT.

A. BECAUSE THE PERSON THAT WAS AT THE PERSONNEL OFFICE DIDN'T -- WAS OUT ON LEAVE, I FINALLY GOT -- I FINALLY FOUND SOMEONE ELSE THAT I KNEW IN PERSONNEL MANAGEMENT. HE CALLED WORKMAN'S COMP, AND I HAD A DOCTOR'S APPOINTMENT. I THINK IT WAS -- IT WAS -- YEAH, IT WAS THAT FRIDAY, AND THEY DIDN'T SET ME UP FOR PHYSICAL THERAPY UNTIL THE FOLLOWING -- SO IT WAS TWO WEEKS AFTER THE ACCIDENT.

Q. YOU INITIALLY WENT TO DOCTORS CARE?

A. YES.

Q. ON JULY 12TH?

A. NO, NOT ON JULY 12TH WHEN THE ACCIDENT HAPPENED.

NO.

1 Q. OKAY. SHORTLY THEREAFTER?

2 A. YEAH. IT WAS SEVEN DAYS AFTER.

3 Q. OKAY. ALL RIGHT. AND YOU WERE REFERRED BY DOCTORS
4 CARE TO PHYSICAL THERAPY?

5 A. YES.

6 Q. OKAY. DURING THAT TIME, WERE YOU SEEING ANY OTHER
7 DOCTOR OR ORTHOPEDIST BESIDES THE DOCTORS CARE
8 DOCTOR?

9 A. NO.

10 Q. WERE YOU SUBSEQUENTLY REFERRED TO AN ORTHOPEDIST?

11 A. I WAS -- I HAD A NURSE THAT I TALKED WITH ON THE
12 PHONE, AND I WASN'T -- INITIALLY I HAD A PHYSICAL
13 THERAPIST, FEMALE PHYSICAL THERAPIST, THAT WAS --
14 ASSESSED ME. SHE WAS VERY GOOD. SHE LEFT AND WENT
15 TO WORK WITH THE SCHOOL DISTRICT, AND I WASN'T
16 PLEASED WITH THE SECOND PHYSICAL THERAPIST, AND SHE
17 SAID I COULD CHANGE. AND SO I THEN WENT TO A NEW
18 PHYSICAL THERAPY GROUP AND CONTINUED TO HAVE PAIN,
19 AND I HAD A PHYSICAL THERAPIST THAT -- AND I THINK
20 IT WAS THE NURSE THAT SAID, "YOU KNOW, YOU CAN GO TO
21 AN ORTHOPEDIC DOCTOR." SO I CHOSE MOORE -- I THINK
22 AT THE TIME IT WAS MOORE ORTHOPEDICS. IT MAY HAVE
23 CHANGED. BUT, ANYWAY, I WENT TO MOORE ORTHOPEDICS
24 IN OCTOBER, I BELIEVE IT WAS, AND THEY DID AN MRI.

25 Q. LET'S GO BACK ON THAT. DURING THE COURSE OF YOUR

- 1 PHYSICAL THERAPY THAT YOU WERE REFERRED TO BY
2 DOCTORS CARE, WHAT BODY PARTS WERE YOU CONCERNED
3 ABOUT OR COMPLAINING ABOUT HAVING PROBLEMS WITH?
4 A. BOTH MY NECK AND MY BACK, AND IT WAS -- MY WHOLE
5 SPINE WAS ASSESSED, AND THE PHYSICAL THERAPIST I
6 FIRST SAW SAID, "YOU'VE LOST RANGE OF MOTION." BY
7 THEN I KNEW I HAD. I COULD TELL THAT I WASN'T ABLE
8 TO MOVE MY NECK THAT WELL AND ---
9 Q. DID THAT CONTINUE TO BE A PROBLEM?
10 A. YES.
11 Q. ALL RIGHT. AND YOU GOT TO THE ORTHOPEDIST, LOOKS
12 LIKE, OCTOBER 11TH, 2013. DOES THAT SOUND CORRECT?
13 A. UH-HUH.
14 Q. WAS THAT DR. -- YOU NEED TO SAY YES OR NO.
15 A. YES. I'M SORRY..
16 Q. DID -- WAS THAT DR. DAVID SCOTT AT MOORE ORTHOPEDIC?
17 A. YES.
18 Q. ALL RIGHT. DID YOU TELL HIM THAT YOU -- WHAT YOUR
19 PROBLEMS WERE?
20 A. YES.
21 Q. WHAT WERE YOU COMPLAINING ABOUT AT THAT TIME?
22 A. I WAS COMPLAINING ABOUT MY NECK.
23 Q. AND WHAT HAPPENED AS FAR AS YOUR TREATMENT FOR YOUR
24 NECK?
25 A. HE ASSESSED ME AND -- AND HE FELT THAT PHYSICAL

1 THERAPY WAS -- CONTINUATION WITH PHYSICAL THERAPY
2 WAS THE ROUTE TO GO, AND HE DID AN MRI AND
3 DISCOVERED THAT I HAD HERNIATED DISCS OR SOMETHING
4 WRONG WITH THE DISCS IN MY NECK.

5 Q. AND WHAT HAPPENED AS FAR AS YOUR TREATMENT BY DR.
6 SCOTT AT THAT POINT?

7 A. DR. SCOTT TOLD ME I HAD TWO CHOICES. HE ---

8 **BY MS. POTEAT:**

9 I'M JUST GOING TO OBJECT TO ---

10 **BY THE COMMISSIONER:**

11 SUSTAINED.

12 **DIRECT EXAMINATION RESUMED BY MR. GARNER:**

13 Q. DON'T TESTIFY TO WHAT HE TOLD YOU. THE RECORDS WILL
14 SHOW IT ANYWAY.

15 A. I'M SORRY? WHAT WAS THAT?

16 Q. YOU CAN'T TESTIFY TO WHAT DR. SCOTT TOLD YOU, JUST
17 WHAT HAPPENED. WHAT WERE YOUR PROBLEMS, AND WHAT
18 DID YOU CONTINUE TO DO TO TRY TO DO SOMETHING ABOUT
19 IT?

20 A. WHAT I CONTINUED TO DO WAS I CONTINUED WITH PHYSICAL
21 THERAPY, AND THEN I ENDED UP HAVING TO PAY FOR IT
22 OUT OF MY POCKET, OUT OF MY OWN -- I MEAN, WELL,
23 SOME OF IT WAS OUT OF MY POCKET, AND SOME OF IT WAS
24 THROUGH MY BLUE CROSS BLUE SHIELD.

25 Q. DID YOU EVER RECEIVE ANY TREATMENT FOR YOUR NECK BY

1 DR. SCOTT?

2 A. NO.

3 Q. DID YOU REQUEST THAT DR. SCOTT TREAT YOUR NECK?

4 A. YES.

5 Q. AND WHAT DID YOU DO AFTER DR. SCOTT -- AT THIS POINT
6 WE'RE UP TO OCTOBER OF 2013, AND IT LOOKS LIKE THE
7 RECORDS SHOW YOU CONTINUED WITH DR. SCOTT UNTIL
8 DECEMBER 6, 2013. DOES THAT SOUND CORRECT?

9 A. RIGHT. I WOULD GO -- I WOULD GO BACK WITH HIM, AND
10 HE WOULD ASSESS ME, CHECK MY MOVEMENT.

11 Q. DID HE DO MORE EXAMINATIONS OF YOUR NECK?

12 A. YES.

13 Q. OKAY. AFTER DR. SCOTT RELEASED YOU OR YOU DIDN'T
14 RETURN TO HIM, FOR WHATEVER REASON, WERE YOU STILL
15 HAVING A PROBLEM WITH YOUR NECK?

16 A. YES. BUT DR. SCOTT -- CAN I SAY WHAT DR. SCOTT
17 TRIED TO DO?

18 Q. YEAH. YOU CAN SAY ---

19 A. I MEAN, HE CALLED WORKMAN'S COMP.

20 Q. --- WHAT HE TRIED TO DO. YES.

21 A. THEY REFUSED TO ---

22 **BY MS. POTEAT:**

23 I'M GOING TO OBJECT BECAUSE SHE WOULDN'T KNOW
24 WHAT HE DID UNLESS ---

25 **BY THE COMMISSIONER:**

1 OKAY. SUSTAINED.

2 DIRECT EXAMINATION RESUMED BY MR. GARNER:

3 Q. WERE YOU EVER PROVIDED TREATMENT THROUGH WORKERS'
4 COMP FOR YOUR NECK INJURY?

5 A. NO.

6 Q. OKAY. SO WHAT DID YOU -- AT THAT POINT, IN DECEMBER
7 OF 2013, WHAT WAS THE CONDITION OF YOUR NECK, FROM
8 YOUR PERSPECTIVE?

9 A. I WAS LOT -- I WAS IN A LOT OF PAIN, AND I COULDN'T
10 DRIVE LONG DISTANCES.

11 Q. DID IT AFFECT YOUR ABILITY TO WORK ON YOUR JOB?

12 A. NO. I CONTINUED TO WORK ON MY JOB, BUT I ---

13 Q. DID YOU HAVE PAIN?

14 A. I HAD PAIN, YES.

15 Q. ALL RIGHT. DID IT AFFECT YOUR ABILITY TO PERFORM
16 YOUR JOB WITHOUT PAIN? COULD YOU PERFORM YOUR JOB
17 AS WELL AS YOU DID BEFORE, WHEN YOU DIDN'T HAVE
18 PAIN?

19 A. I COULD PERFORM IT, BUT IT WAS -- IT WAS DIFFICULT,
20 AND I TOOK MUSCLE RELAXERS AT NIGHT, AND THAT HELPED
21 SOME.

22 Q. AND DURING THAT TIME, DID YOU RECEIVE SOME MORE
23 PHYSICAL THERAPY FOR THE NECK?

24 A. YES.

25 Q. AND DID YOU RECEIVE SOME INJECTIONS?

- 1 A. YES.
- 2 Q. DID THOSE ALLEVIATE THE PROBLEM?
- 3 A. NO. THEY ALLEVIATED THE NUMBNESS IN MY FINGERS, BUT
4 THEY DID NOT ALLEVIATE THE PAIN.
- 5 Q. OKAY. DURING THAT PERIOD OF TIME, ON AN AVERAGE
6 DAY, ON A SCALE OF ONE TO TEN, WHAT WAS YOUR PAIN
7 LEVEL?
- 8 A. EIGHT TO TEN.
- 9 Q. AND WHAT WERE YOU TRYING TO DO ABOUT THAT?
- 10 A. I WAS TRYING TO GET SOME -- SOME RELIEF FROM MY
11 PAIN, AND I WAS REFERRED TO A PAIN SPECIALIST IN
12 MOORE ORTHOPEDICS, AND THAT'S WHEN I RECEIVED THE
13 SHOTS, AND THEN I WENT ON -- THEN THEY REFERRED ME
14 TO A SURGEON WITHIN THE MOORE GROUP.
- 15 Q. OKAY. AND WAS HE ALLOWED TO TREAT YOUR NECK? WAS
16 THAT DR. CLAVET?
- 17 A. THAT WAS -- DR. CLAVET WAS THE ONE ---
- 18 Q. CLAVET.
- 19 A. --- WHO GAVE THE SHOTS, EPIDURAL SHOTS, AND THEN HE
20 WAS THE ONE THAT REFERRED ME TO THE ORTHOPEDIC
21 SURGEON, DR. FELMLY.
- 22 Q. AND WHAT HAPPENED AFTER THAT?
- 23 A. HE -- HIS RECOMMENDATION WAS THAT I WAS A GOOD
24 CANDIDATE FOR SURGERY.
- 25 Q. AND WHAT DID YOU DO TO TRY TO ACHIEVE THAT SURGERY?

1 A. I WENT TO A NEURO -- I WANTED TO DO -- A
2 NEUROSURGEON TO DO IT, AND I WENT TO A NEUROSURGEON
3 GROUP HERE IN COLUMBIA, AND THEY REFUSED TO DO IT
4 BECAUSE IT WAS WORKMAN'S COMP AND ---

5 Q. DO YOU REMEMBER WHAT MONTH THAT WAS?

6 A. I DON'T REMEMBER. I KNOW I HAVE THE RECORDS WHEN I
7 WENT AND GOT AN MRI DONE. THEY WANTED THAT.

8 Q. DURING THAT PERIOD OF TIME, WHAT EFFORTS DID YOU
9 MAKE TO GET THE WORKERS' COMP CARRIER TO BE
10 RESPONSIBLE FOR TREATING YOUR NECK?

11 A. I CONTINUED TO SPEAK WITH THE NURSE, AND THEN AN
12 ADJUSTER CALLED ME. I DON'T REMEMBER THE ADJUSTER'S
13 NAME. BUT WHEN I SPOKE WITH HIM, HE SAID WE DON'T
14 -- HIS WORDS WERE, "WE DON'T JUST DO ANY BODY PART.
15 YOU WERE DIAGNOSED FOR BACK," AND THEY WOULD NOT DO
16 IT.

17 Q. SUBSEQUENTLY -- LET ME ASK -- GO BACK A MINUTE. DID
18 YOU -- PRIOR TO YOUR FALL ON JULY 12TH, 2013, DID
19 YOU HAVE ANY PAIN OR SYMPTOMS IN YOUR NECK?

20 A. NO. MAYBE OCCASIONALLY. BUT, I MEAN, NOTHING LIKE
21 WHAT I EXPERIENCED.

22 Q. AFTER JULY 12TH, '13 -- JULY 12TH, 2013, UP UNTIL
23 THE TIME OF YOUR SURGERY IN NOVEMBER OF 2014, DID
24 YOU SUFFER ANY ACCIDENT, FALL, OR EVENT THAT WOULD
25 HAVE CAUSED THE PROBLEM WITH YOUR NECK?

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A. NO.

Q. SUBSEQUENT TO THAT, WHAT DID YOU DO TO ACHIEVE THE SURGERY?

A. I WENT TO MY GENERAL PRACTITIONER HERE IN COLUMBIA AND TOLD HIM. I MEAN, HE KNEW I HAD BEEN IN PAIN, AND I TOLD HIM WHAT HAD HAPPENED WITH THE NEUROSURGEONS HERE, AND HE SAID THAT HE FELT THAT IT WOULD BE BEST FOR ME TO GET OUT -- GO OUT OF THE CITY. AND I HAD -- I HAVE A DEAR FRIEND WHOSE DAUGHTER HAD GONE THROUGH THIS SIMILAR SITUATION WITH HER NECK, AND SHE HAD REFERRED A DOCTOR, AND THAT WAS A GROUP THAT THEY RECOMMENDED IN CHARLESTON.

Q. IS THAT DR. MIKE TYLER?

A. YES.

Q. AND DID YOU FIRST SEE HIM, LOOKS LIKE, IN OCTOBER MAYBE OF 2014?

A. I THINK IT WAS EARLY NOVEMBER, OCTOBER/NOVEMBER TIME FRAME.

Q. AND DID HE REVIEW THE PRIOR RECORDS AND MRIs?

A. YES. I HAD TO GET A NEW -- A NEW ONE, NEW MRI, BECAUSE THE OTHER ONE WAS -- I GUESS THEY JUST DON'T -- THEY AREN'T VERY CLEAR AFTER A PERIOD OF TIME.

Q. AND DID YOU PROCEED UNDER YOUR HEALTH INSURANCE AND/OR MEDICARE FOR THE TREATMENT FOR DR. SCOTT?

- 1 A. I HAD, I THINK IT WAS, PART "A" AT THAT TIME.
- 2 Q. I SAID DR. SCOTT. I MEANT TO SAY DR. TYLER. I'M
- 3 SORRY.
- 4 A. I'M SORRY; SAY THAT AGAIN.
- 5 Q. DID YOU USE YOUR MEDICARE AND/OR YOUR BLUE CROSS
- 6 HEALTH INSURANCE?
- 7 A. I USED BLUE CROSS BLUE SHIELD BECAUSE I WAS NOT ON
- 8 PART "B" THEN.
- 9 Q. AFTER THE SURGERY, WAS YOUR PAIN ALLEVIATED?
- 10 A. I HAD -- I HAD SOME PAIN FROM THE SURGERY, AND I HAD
- 11 TO GO IN TO PHYSICAL THERAPY TO REGAIN STRENGTH.
- 12 BUT IT DEFINITELY -- IT WAS DEFINITELY A BIG CHANGE.
- 13 I COULD TELL A DIFFERENCE. BUT I HAD, YOU KNOW,
- 14 WEAKNESS FROM THE MUSCLES, AND I HAD TO REGAIN
- 15 STRENGTH.
- 16 Q. HOW LONG WERE YOU OUT OF WORK FOR DURING THE PERIOD
- 17 WHERE YOU HAD SURGERY AND THEREAFTER?
- 18 A. I THINK IT WAS FOUR WEEKS. I WENT BACK ON DECEMBER
- 19 20TH.
- 20 Q. SO FROM THE TIME OF THE SURGERY ON NOVEMBER 25TH TO
- 21 DECEMBER 20TH, YOU WERE OUT OF WORK?
- 22 A. YES.
- 23 Q. THAT'S A LITTLE BIT LESS THAN A MONTH?
- 24 A. YES. YEAH.
- 25 Q. AND YOU ---

1 A. I MEAN, I WENT BACK TO WORK, BUT THEN I WAS ON LEAVE
2 FOR HOLIDAYS. I FINALLY COULD GO HOME AND SEE MY
3 FAMILY.

4 Q. WERE YOU UNDER ANY MEDICAL CARE FOR EITHER YOUR NECK
5 OR YOUR BACK FOR, SAY, THE SIX MONTHS PRIOR TO THE
6 FALL?

7 A. NO.

8 BY MR. GARNER:

9 COMMISSIONER, DO YOU WANT ME TO GO AHEAD INTO
10 THE DISABILITY?

11 BY THE COMMISSIONER:

12 YES.

13 BY MR. GARNER:

14 OKAY.

15 DIRECT EXAMINATION RESUMED BY MR. GARNER:

16 Q. AS FAR AS YOUR BACK IS CONCERNED, BEVERLY, ARE YOU
17 HAVING ANY PROBLEMS WITH IT NOW?

18 A. NO.

19 Q. WHEN DID YOU CEASE HAVING PROBLEMS WITH YOUR BACK?

20 A. I WANT TO -- IT WAS -- IT WAS PROBABLY WITHIN THE
21 TIME THAT I WAS WITH PROGRESSIVE, THE FIRST PHYSICAL
22 THERAPY GROUP, AND I KEPT SAYING, "IT'S REALLY MY
23 NECK. THAT'S WHERE I'M HAVING PAIN."

24 Q. DID YOU RECEIVE ANY TREATMENT AFTER MIDLANDS --
25 MOORE ORTHOPEDICS FOR YOUR BACK?

- 1 A. I'M SORRY; WHAT WAS THE QUESTION?
- 2 Q. DID YOU RECEIVE ANY TREATMENT FOR YOUR BACK, LOWER
3 BACK, AFTER YOU LEFT MOORE ORTHOPEDICS?
- 4 A. NO.
- 5 Q. AS FAR AS YOUR NECK WAS CONCERNED, AFTER THE SURGERY
6 BY DR. TYLER, YOU WERE OUT FOUR WEEKS. HOW WERE YOU
7 FEELING DURING THE MONTH OR TWO AFTER THAT?
- 8 A. MUCH BETTER. I DIDN'T HAVE -- I DIDN'T HAVE AS MUCH
9 PAIN. AS I MENTIONED BEFORE, THE PHYSICAL THERAPY
10 WAS TO HELP ME REGAIN SOME STRENGTH BACK.
- 11 Q. HOW ARE YOU FEELING NOW?
- 12 A. OVERALL MUCH BETTER. I STILL GET SOME NECK PAIN,
13 BUT, AGAIN, NOTHING LIKE IT WAS BEFORE.
- 14 Q. DO YOU -- WHEN YOU DO GET NECK PAIN, WHAT DO YOU DO
15 TO ALLEVIATE IT?
- 16 A. I -- MOST OF THE TIME, I TAKE AN ANTI-INFLAMMATORY,
17 LIKE ALEVE, AND I MAY USE LIKE ICE AND HEAT
18 TREATMENT.
- 19 Q. DO YOU STILL HAVE ---
- 20 A. BUT THAT'S BEEN SO MUCH LESS THAN I EVER DID, YOU
21 KNOW, WHEN I WAS GOING THROUGH THE PAIN.
- 22 Q. DO YOU HAVE HARDWARE IN YOUR NECK?
- 23 A. I DO. I HAVE TWO DISCS THAT WERE REPLACED.
- 24 Q. AND DID YOU HAVE AN INCIDENT IN A GROCERY STORE AT
25 SOME POINT IN 2016, I BELIEVE IT WAS?

- 1 A. UH-HUH.
- 2 Q. TELL US ABOUT THAT.
- 3 A. IT WAS IN BALLENTINE WALMART, AND IT WAS -- I WENT
4 TO GET SOME ROLLS OF TISSUE PAPER, AND IT WAS THE
5 ONLY PACKAGE IN A LARGE BOX, AND WHEN I LIFTED OUT,
6 BOXES BEHIND IT ABOVE IT FELL ON ME, AND I BENT DOWN
7 AND IT HIT THE BACK PART OF MY NECK.
- 8 Q. DID YOU RECEIVE SOME TREATMENT FOR THAT?
- 9 A. YES.
- 10 Q. HOW LONG? WHAT AND FOR HOW LONG?
- 11 A. I WENT BACK TO -- THEY HAD A NAME CHANGE TO CAROLINA
12 PHYSICAL THERAPY. THEY KNEW ME, AND I, YOU KNOW,
13 RECEIVED PHYSICAL THERAPY.
- 14 Q. FOR HOW LONG?
- 15 A. IT WAS TWO TO THREE MONTHS. I DON'T REMEMBER RIGHT
16 OFFHAND.
- 17 Q. DID THAT CAUSE -- HAS THAT CAUSED YOU ANY CONTINUING
18 PROBLEMS? LET ME ASK THIS QUESTION. BEFORE THAT
19 HAPPENED, HOW WAS YOUR NECK FEELING?
- 20 A. IT WAS MUCH BETTER.
- 21 Q. WERE YOU HAVING ANY OCCASIONAL PAIN?
- 22 A. I DON'T REMEMBER HAVING OCCASIONAL PAIN. I'D
23 ACTUALLY GONE BACK TO BALLROOM DANCING. SO, BUT
24 THEN WHEN THAT HAPPENED, I HAD TO STOP THAT FOR A
25 WHILE.

1 Q. ARE YOU A BALLROOM DANCER?

2 A. UH-HUH.

3 Q. YOU NEED TO ANSWER YES OR NO.

4 A. BEG YOUR PARDON?

5 Q. YOU NEED TO ANSWER YES OR NO.

6 A. YES. I'M SORRY.

7 Q. DID YOU HAVE TO FOREGO THAT FOR A PERIOD OF TIME
8 AFTER THE ACCIDENT?

9 A. YES.

10 Q. HOW LONG?

11 A. I GUESS IT WAS THREE YEARS, A FRIEND REMINDED ME
12 RECENTLY.

13 Q. IN YOUR QUEST TO GET YOUR NECK TREATED, DID YOU TALK
14 WITH EVERYBODY THAT YOU KNEW TO TALK WITH TO GET
15 THAT DONE?

16 A. YES.

17 Q. DID YOU EXHAUST EVERYTHING -- EVERY ALTERNATIVE
18 EXCEPT TO PROCEED UNDER YOUR HEALTH INSURANCE AT
19 THAT TIME?

20 A. YES.

21 Q. AND DID YOU PROCEED UNDER YOUR HEALTH INSURANCE
22 BECAUSE YOU, FROM YOUR PERSPECTIVE, NEEDED THAT PAIN
23 ALLEVIATED?

24 A. YES.

25 BY MR. GARNER:

1 THAT'S ALL, COMMISSIONER.

2 BY THE COMMISSIONER:

3 OKAY. THANK YOU, SIR.

4 BY MS. POTEAT:

5 I JUST HAVE A FEW. HOPE WAS REALLY THOROUGH.

6 CROSS EXAMINATION BY MS. POTEAT:

7 Q. I THINK THAT YOUR TESTIMONY WAS, AND THE MEDICAL
8 RECORDS REFLECT THE FACT, THAT YOU HAD MENTIONED
9 NECK PAIN, AT LEAST IN DR. SCOTT'S RECORDS, THE
10 FIRST TIME IT SHOWED UP WAS DECEMBER OF 2013. AND
11 AT THAT POINT HIS RECORDS REFLECT WHAT YOU
12 TESTIFIED, WHICH IS THAT YOU WERE AWARE AT THAT
13 POINT THAT YOUR NECK TREATMENT WAS NOT GOING TO BE
14 COVERED BY THE STATE ACCIDENT FUND. IS THAT
15 CORRECT?

16 A. YES.

17 Q. AND THEN IT WAS ABOUT ALMOST 11 MONTHS LATER, I
18 THINK, WHEN YOU ACTUALLY HAD YOUR NECK SURGERY?

19 A. YES.

20 Q. OKAY. YOU HAVE TESTIFIED IN YOUR DEPOSITION, I
21 THINK YOU ALSO SAID IT TODAY, THAT AT THIS POINT YOU
22 ARE NOT TAKING ANY PRESCRIPTION MEDICATIONS RELATED
23 TO EITHER YOUR LUMBAR SPINE OR YOUR NECK; IS THAT
24 CORRECT.

25 A. PRESENTLY? IS THAT WHAT YOU'RE ASKING ME?

1 Q. YES.

2 A. YES.

3 Q. YES. AND I KNOW YOU'RE RETIRED AGAIN. BECAUSE YOU
4 RETIRED FROM THE D.O.D.?

5 A. I AM RETIRED FROM THE SOUTH CAROLINA DEPARTMENT OF
6 EDUCATION.

7 Q. OKAY. SO DID YOU RETIRE FROM YOUR JOB AT THE
8 DEPARTMENT OF DEFENSE BEFORE YOU WENT TO THE
9 DEPARTMENT OF EDUCATION?

10 A. I WAS -- I DID NOT RETIRE, NO.

11 Q. YOU DID NOT RETIRE. OKAY. YOU RETIRED FROM THE
12 DEPARTMENT OF EDUCATION, THEN, JUNE 30TH OF 2017?

13 A. YES.

14 Q. AT THE TIME THAT YOU RETIRED, YOU WERE AT THE SAME
15 POSITION THAT YOU HAD HELD AT THE TIME OF YOUR WORK
16 ACCIDENT; IS THAT CORRECT?

17 A. I'M SORRY; WHAT WAS YOUR QUESTION?

18 Q. AT THE TIME THAT YOU RETIRED, YOU HAD RETURNED --
19 AFTER YOUR WORK ACCIDENT, YOU HAD RETURNED TO YOUR
20 REGULAR JOB?

21 A. YES.

22 Q. IS THAT CORRECT? AND I KNOW THAT THE TIMING OF YOUR
23 SURGERY -- IN YOUR DEPOSITION YOU HAD TESTIFIED THAT
24 YOU HAD MISSED TWO TO POSSIBLY THREE WEEKS. I KNOW
25 YOU SAID YOU HAD TO GO BACK AND CHECK. AND THAT YOU

1 HAD TAKEN SICK LEAVE FOR THE TIME. THAT ALSO FELL
2 OVER THE CHRISTMAS BREAK; IS THAT CORRECT?

3 A. NO, IT DIDN'T FALL OVER THE CHRISTMAS BREAK. I
4 MEAN, I CAME BACK ON DECEMBER 20TH, AND THEN I TOOK
5 LEAVE. I'D ALREADY REQUESTED LEAVE OVER CHRISTMAS.

6 Q. OKAY. SO WITH YOUR JOB AT THE DEPARTMENT OF
7 EDUCATION, THE POSITION YOU HAD, YOU DIDN'T GET THE
8 HOLIDAYS THAT THE SCHOOLS GOT?

9 A. NO.

10 Q. OKAY. SO YOU WERE OUT TWO OR THREE WEEKS, THEN CAME
11 BACK AND HAD VACATION SCHEDULED?

12 A. YES.

13 Q. OKAY. AND IN TERMS OF THE LUMBAR OR THE CERVICAL
14 PROBLEMS, THERE'S NOTHING IN THE MEDICAL RECORDS
15 THAT YOU ARE UNDER ANY SPECIFIC PERMANENT
16 RESTRICTIONS RELATED TO EITHER CLAIM; IS THAT
17 CORRECT?

18 A. YES.

19 Q. OKAY.

20 **BY MS. POTEAT:**

21 THAT'S ALL I HAVE, COMMISSIONER.

22 **BY THE COMMISSIONER:**

23 ALL RIGHT. THANK YOU. MR. GARNER?

24 **BY MR. GARNER:**

25 NO, MA'AM.

1 BY THE COMMISSIONER:

2 ALL RIGHT. I DO WANT TO READ THE APA
3 SUBMISSIONS INTO THE RECORD. FOR THE CLAIMANT, I
4 HAVE APA PAGES ONE THROUGH TWO HUNDRED AND TWO, AS
5 WELL AS THE DEPOSITION TRANSCRIPT, I GUESS, THAT WE
6 HANDED UP OF DR. TYLER. FOR THE DEFENDANTS, I HAVE
7 APA NUMBERS SEVEN AND EIGHT, WHICH ARE PAGES 203
8 THROUGH 224. I ALSO HAVE EXHIBITS -- WELL, MS.
9 POTEAT, DO YOU HAVE SOME EXHIBITS?

10 BY MS. POTEAT:

11 I DON'T KNOW WHY THAT'S ON THERE.

12 BY THE COMMISSIONER:

13 OKAY. ALL RIGHT. NO EXHIBITS. ALL RIGHT.
14 ENDING AT PAGE 224.

15 BY MS. POTEAT:

16 RIGHT.

17 BY THE COMMISSIONER:

18 I HAVE RECEIVED THE ORIGINAL DEPOSITION
19 TRANSCRIPT OF DR. TYLER INTO THE RECORD. THAT
20 CONCLUDES THIS MATTER. THANK YOU VERY MUCH.
21 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
22 CONCLUDED AT THE HOUR OF 1:10 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1315486

EMPLOYEE/CLAIMANT: BEVERLY BEQUEATH-COLLOM

EMPLOYER: SC DEPARTMENT OF EDUCATION

CARRIER: STATE ACCIDENT FUND

I, TIMMI A. PARRISH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 31 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF BEVERLY BEQUEATH-COLLOM, TAKEN ON THE 18TH DAY OF JANUARY, 2018.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND AND OFFICIAL SEAL THIS 24TH DAY OF FEBRUARY, 2019.

TIMMI A. PARRISH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 5-29-2019

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1315486

Beverly Bequeath-Collom,)
Employee,)
Claimant,)
)
vs.)
)
South Carolina Department of Education,)
)
Employer,)
and)
)
State Accident Fund,)
)
Carrier,)
Defendants.)

HEARING: Held in Columbia, South Carolina on January 18, 2018.

APPEARANCES: Claimant represented by Everett Hope Garner, Esquire of Columbia, South Carolina.

Defendants represented by Shannon Till Poteat, Esquire of Willson Jones Carter & Baxley, P.A., Columbia, South Carolina.

PURPOSE OF HEARING: To determine if the employer/carrier is entitled to pay compensation to claimant and to determine the issues as set forth on the Forms 50 and 51.

DECISION AND ORDER: By Aisha G. Taylor, Commissioner

FILED: December 17, 2018

I. APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence at the time of the hearing:

- APA #1: Doctors Care, dated 7/19/13-9/19/13, consisting of pages 1-20.
- APA #2: Progressive Physical Therapy, dated 7/26/13-9/16/13, consisting of pages 21-87.
- APA #3: Moore Orthopaedics, dated 10/11/13-12/6/13, consisting of pages 88-114.
- APA #4: MedFit, dated 11/18/13-12/20/13, consisting of pages 115-132.
- APA #5: Dr. Mike O. Tyler, Jr., dated 11/5/14-5/13/15, consisting of pages 133-149.
- APA #6: Carolina Physical Therapy, dated 12/27/13-7/23/15, consisting of pages 150-202.
- APA #7: Carolina Physical Therapy, dated 7/16/2015-9/26/2016, consisting of pages 203-223.
- APA #8: Columbia Family Practice, dated 2/24/2016, consisting of page 224.
- Exhibit #A: Claimant's Employment/Personnel file.
- Exhibit #B: Claimant's Payroll records.
- Exhibit #C: Deposition of Claimant.
- Exhibit #D: Affidavit of Dr. Mike O. Tyler, Jr.
- Exhibit #E: Deposition of Dr. Mike O. Tyler, Jr.

II. STIPULATIONS

Counsel for the respective parties stipulated at the time of the hearing to the following issues:

1. The purpose of the hearing is to determine if the employer/carrier is entitled to pay compensation to claimant and to determine the issues as set forth in the Forms 50 and 51 and any other issues which may timely come before the Commission;
2. That the Claimant's accident occurred on July 12, 2013;
3. The Claimant's average weekly wage was \$1335.38 with a corresponding

compensation rate of \$743.72;

4. Notices were timely and properly served upon all parties of interest;
5. Venue, set in KERSHAW, is proper as agreed by all parties;
6. That the South Carolina Workers' Compensation Commission has jurisdiction over the parties and issues involved;
7. The issues for determination are whether Claimant is entitled to a disability award for the injury she sustained to her low back; whether claimant sustained compensable injuries to her neck and arm; if so, whether Defendants are liable for non-emergent treatment sought by claimant using her own health insurance and/or Medicare?

Without objection, the Commission's file was made a part of the record in this matter with the exception of any self-serving declaration or unstipulated medical reports.

III. STATEMENT OF THE CASE

This case involves an admitted claim for injury to the claimant's low back that resulted from a slip and fall at work on or about July 12, 2013. At the time of the accident, Claimant was employed with the SC Department of Education as an Education Associate. The claim was admitted as to the low back (lumbar strain) and medical treatment was authorized by Defendants for the claimant's low back, which included orthopaedic evaluation and physical therapy. Claimant later reported to her medical providers that she also had complaints of neck pain. She requested medical treatment as she believed this issue was causally related to her fall at work. Defendants denied the neck was an accepted/compensable part of the claim, denied medical treatment for the neck but continued to authorize treatment for the lumbar spine. Claimant filed a Form 50 Hearing Request seeking medical treatment for her alleged neck injury, including a cervical fusion surgery on November 25, 2014. The hearing was subsequently set for August 4, 2014, however the parties ultimately did not go forward with a hearing and entered into a consent order instead. Claimant continued to

seek unauthorized medical treatment for her neck despite the denial by defendants and lack of resolution the issues raised in the Forms 50/51 by this Commission. This neck treatment was paid for by Medicare and claimant's health insurance carrier. Claimant was released with no impairment rating assigned as to her lumbar spine and missed no time from work related to the lumbar treatment.

On February 16, 2016, claimant was grocery shopping when a box of toilet paper fell on her head. Defendants asserted that even if claimant had sustained an injury to her neck in the accepted accident, that the incident in the grocery store was an intervening event. Claimant was never assigned an impairment rating for her neck. Discovery was conducted and the parties attempted to mediate the issues on August 22, 2017, however mediation ultimately resulted in an impasse.

This matter now comes before the undersigned Commissioner by way of Claimant's Form 50 Hearing Request to determine the compensability of claimant's alleged neck injury (in addition to her low back) and whether she is entitled to reimbursement from Defendants for medical treatment that she obtained on her own through Medicare and/or her personal health insurance, which included an anterior cervical discectomy and fusion at C5-6, C6-7. It is Claimant's position that her neck injury is compensable and that she is entitled to reimbursement for all medical treatment she obtained on her own. Moreover, claimant contends she is entitled to TTD benefits for all periods related to her neck treatment. It is the Defendants' position that claimant's alleged neck injury is not compensable and that Defendants are not responsible for unauthorized treatment sought by claimant using Medicare and/or her personal health insurance because the treatment was "non-emergent." Defendants contend that claimant has reached maximum medical improvement for the admitted injury to her low back and are seeking a determination of permanent disability, if any, for the same. Defendants further assert no entitlement to temporary benefits related to this claim.

IV. EVIDENCE OF THE CASE

Claimant initially reported to Doctors Care on July 19, 2013 complaining of a week long history of low back pain after slipping and falling on a wet floor. She was diagnosed with a back strain and prescribed medications, referred to physical therapy and recommended for light duty work. (APA p. 1). Physical therapy was authorized for her low back and claimant followed up with Doctors Care again on July 25, 2013, where she reported improving back strain symptoms. (APA p. 7). Claimant subsequently followed up with Doctors Care again on August 29th, September 12th and September 19th, however the records do not reflect that she reported any complaints of neck pain at her visits. (APA pp. 1-20).

Claimant completed 16 sessions of physical therapy at Progressive Physical Therapy. At her initial visit on July 26, 2013, claimant reported complaints of neck and back pain after slipping and falling backwards on a wet floor. (APA p. 21). Claimant's symptoms failed to improve further so she was then referred to Dr. David A. Scott at Moore Orthopaedics for evaluation. At the initial visit on October 11, 2013, claimant reported she was having ongoing low back pain which began after a fall at work. (APA p. 88). The note mentions no reports or complaints of neck pain. Dr. Scott ordered 10 more sessions of physical therapy and claimant followed up with him again on December 16th. At this visit, Claimant reported attending just a few physical therapy appointments and reported increased complaints of neck pain. (APA p. 95). Aside from the physical therapist, this was the first time the records reference her complaining of neck pain to an authorized provider. Claimant began to treat with Dr. Scott for her neck under her personal health insurance, however she reported to him that she believed her neck pain began after her initial work-related injury in July. (APA p. 98). Dr. Scott obtained an MRI of her cervical spine, which revealed degenerative changes at levels C5-C6 and C6-C7, and subsequently referred her to his colleague Dr. John Clavet for further evaluation of her neck related symptoms. At her final appointment with Dr. Scott on

January 27, 2014, claimant declined to schedule any follow up appointments with Dr. Scott for her lumbar spine because she believed it was feeling better. (APA p. 102). Claimant treated with Dr. Clavet for her neck issues from January 31, 2014 until July 11, 2014, when she ultimately stopped responding to conservative treatment methods. (APA pp. 103-114).

On November 5, 2014, Claimant was evaluated by Dr. Mike O. Tyler for her alleged neck injury. Claimant reported her ongoing neck pain was causally related to her fall at work on July 12, 2013. Dr. Tyler determined she was suffering from chronic cervical radiculopathy due to cervical disc disease at both C5-6 and C6-7. (APA pp. 134-135). He recommended surgery and on November 25, 2014, he performed an anterior cervical discectomy and partial corpectomy fusion. (APA pp. 140-143). Claimant submitted an affidavit from Dr. Tyler which opined that she experienced no symptoms related to her cervical complaints before her work related accident and that she became symptomatic shortly thereafter. (Ex. D). The parties deposed Dr. Tyler on September 28, 2016, where he admitted that he based this statement solely on the Claimant's subjective reports. (Depo. Trans. of Dr. Tyler, p. 10:17-19). He admitted that he had not viewed any other medical records and did not have any independent verification as to what the Claimant's cervical condition was prior to the work accident. (*Id.* at p.10:2-16). However, he also stated that her reported symptoms were consistent with someone suffering from a cervical spine injury and that she likely had pre-existing issues that were aggravated by her fall. He also noted that it was not unusual for a person to develop neck problems weeks or even a month after the accident. (*Id.* at p.12:2-16). Furthermore, he testified that it is common for a person with a neck injury to describe the pain as a back issue. (*Id.* at p.16:2-6). Claimant followed up with Dr. Tyler on February 11, 2015 and stated that she had returned to work. (APA p. 146). She was ultimately released from Dr. Tyler's care on May 13, 2015. (APA p. 146).

The claimant testified on her behalf at the hearing. Claimant has an undergraduate degree in education and a masters' degree from the University of SC. Claimant is a Social Security Retirement recipient and is on Medicare. Claimant testified that following the accident, she remained on full duty with her employer and that her salary remained the same. She retired in June 2017. Claimant testified that she missed no time related to her lumbar spine treatment and that she missed approximately 2-3 weeks after her cervical surgery but was paid sick/vacation pay during that timeframe. She returned to her regular job following the cervical surgery.

On February 25, 2016, Claimant reported back to Dr. Stuckey with complaints of neck pain that began on February 20, 2016 when a box of toilet paper fell on her head. (APA pp. 210, 224). She was again referred to physical therapy, which she completed on September 8, 2016, and was subsequently discharged on September 26th because she had met her therapy goals. (APA p. 223). At this time, no physician has assigned an impairment rating to claimant's neck or low back.

A record such as was necessary for a decision was made of the proceeding and after careful consideration and study of all the evidence, the following findings of fact are accordingly made.

V. FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. That this matter was heard before the undersigned on January 18, 2018. At the close of the hearing, the record was left open in order for the Claimant to submit post-hearing documentation, if so desired. On February 13, 2018, Claimant, through counsel, informed the undersigned that she decided to rely on the record as it currently stood and requested the record be closed without the submission of additional evidence. As such, the record closed on February 13, 2018.

2. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Beverly Bequeath-Collom as Employee-Claimant and South Carolina Department of Education as Employer and State Accident Fund as Carrier, Defendants.

3. That the average weekly wage of Employee at the time of the above-described accident was \$1335.38, and her compensation rate was \$743.72.

4. I find Claimant sustained compensable injuries to her lumbar spine and cervical spine as a result of her work related accident. I find that claimant's fall at work caused an injury to her lumbar spine and aggravated pre-existing cervical spine issues. This finding is based on the preponderance of the evidence as a whole, as well as the Affidavit and testimony of Dr. Tyler.

5. Although Claimant had a subsequent incident wherein some boxes fell on her neck, I find this incident was not sufficient to break the chain of causation as to Defendants' liability for Claimant's cervical spine injury. I base this finding on the testimony of the Claimant, which I find credible. Specifically, Claimant testified she saw her family doctor and then completed a few physical therapy visits and had returned to baseline following the minor accident.

6. I find Defendants are not liable for medical treatment for claimant's neck from April 11, 2014 through the date of this order as the medical treatment she obtained by her own means was non-emergent and therefore is not subject to reimbursement pursuant to S.C. Code Ann. §42-15-60.

7. Specifically, I find that claimant requested a hearing on the issue of compensability and entitlement to medical treatment for her neck, but subsequently

agreed to postpone the hearing scheduled on August 4, 2014 via a consent order.

Nevertheless, Claimant continued to seek unauthorized medical treatment after the postponement despite having requested a hearing on the issue from this Commission and ultimately agreeing not to go forward to determine whether she was entitled to the same.

8. I find Claimant is at maximum medical improvement for both her lumbar spine and cervical spine injuries. I base this finding on the medical evidence submitted into the record, specifically the medical opinions of Dr. David Scott and Dr. Mike Tyler.

9. I find Claimant has sustained 20% permanent partial disability for back due to her lumbar and cervical spine injuries. This finding is made pursuant to the guidelines for evaluating spinal injuries in the AMA Guides 5th/6th Editions.

10. I find that no future medical treatment has been recommended by the authorized treating physician for Claimant's lumbar spine injury, therefore she is not entitled to any additional treatment for her low back.

11. Claimant is entitled to lifetime repair, replacement, or removal of her cervical hardware pursuant to section §42-15-65. Moreover, I find that no other future medical treatment was recommended relating to claimant's cervical spine injury and, as such, defendants are not responsible for any future medical treatment as to her neck.

12. I find that Claimant is entitled to a lump-sum payment of her award pursuant to James v. Anne's, Inc., 2010 S.C. Lexis 340 (S.C. Oct. 25, 2010).

13. I find no hearing costs to be assessed.

VI. CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the

determination of this Commission that:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.
2. Under § 42-1-40, the Claimant's average weekly wage at the time of the above-described accident was \$1335.38, and her compensation rate was \$743.72.
3. Under § 42-1-160, Claimant sustained injuries to her lumbar and cervical spine, which arose out of and in the course of her employment with the South Carolina Department of Education.
4. Under § 42-15-60, Defendants are not liable for medical treatment obtained by Claimant for her neck using her personal health insurance from April 11, 2014 through the date of this order as this treatment was non-emergent and Claimant is therefore not entitled to reimbursement for the same.
5. Under § 42-15-60, Claimant is at maximum medical improvement for both her lumbar spine and cervical spine injuries.
6. Under § 42-9-30, Claimant is entitled to an award of 20% permanent partial disability to her spine (60 weeks) as a result of her neck and low back injuries.
7. Under § 42-15-60, Claimant is not entitled to any additional treatment for her lumbar spine or cervical spine as none was recommended by the authorized treating physician.
8. Under § 42-15-65, Claimant is entitled to lifetime repair, replacement, or removal of her cervical spine hardware.

VII. ORDER/AWARD

IT IS HEREBY ORDERED that the Claimant sustained compensable injuries to her neck and low back as a result of her work related accident that occurred on July 12, 2013.


IT IS FURTHER ORDERED that the Claimant has reached maximum medical improvement for the aforementioned injuries and is entitled to a Permanent Partial Disability Award of 60 weeks of benefits at a compensation rate of \$743.72. Claimant is therefore entitled to a **lump sum award** to be paid in accordance with James v. Anne's, Inc., 2010 S.C. Lexis 340 (S.C. Oct. 25, 2010). The proceeds of Forty-Four Thousand Six Hundred Twenty Three and 20/100 (\$44,623.20) Dollars shall be allocated as follows: Twenty-Eight Thousand Six Hundred Nineteen and 60/100 (\$28,619.60) Dollars in compromise settlement of disputed future disability benefits at the rate of Thirty-Three and 77/100 (\$33.77) Dollars per week commencing October 15, 2018 1, 1993 for a period of Eight Hundred Forty Seven and 6/10 (847.6) weeks pursuant to Sections 42-9-10 and 42-9-20 of the 1976 Code of Laws as interpreted by the South Carolina Supreme Court decision of Utica Mohawk Mills. v. Orr, 227 S.C. 226, 87 S.E.2d 589 (1955); Sciarotta v. Bowen, 837 F.2d 135; Lemire v. Secretary of Health and Human Services, 682 F.Supp 102 (D.C.N.H. 1988) and Hatch v. Heckler, 626 F.Supp 1367 (N.D. California 1986); One Thousand One Hundred Twenty Nine and 20/100 (\$1,129.20) Dollars in disbursements and expenses; and Fourteen Thousand Eight Hundred Seventy Four and 40/100 (\$14,874.40) Dollars as attorney's fees pursuant to a written agreement between the Claimant and her attorney.

IT IS FURTHER ORDERED that Defendants are not responsible for the unauthorized medical treatment obtained by Claimant using her personal health insurance or Medicare from April 11, 2014 through the date of this order or for any future medical treatment related to the lumbar or cervical injuries. However, Defendants are responsible for providing lifetime repair, replacement or removal of the hardware in claimant's cervical spine.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**



Commissioner Aisha Taylor

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.

December 17, 2018

By: Renee Smith, Administrative Assistant to Commissioner Taylor

STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC No. 1315486

Beverly Bequeath-Collom,)
)
 Claimant,)
)
 v.)
)
 South Carolina Department)
 of Education,)
)
 Employer,)
)
 and)
)
 State Accident Fund,)
)
 Carrier/Defendants.)
-----)

FULL COMMISSION HEARING

Friday, March 18, 2019
2:23 p.m. - 2:43 p.m.

The Full Commission Hearing was heard before Commissioners T. Scott Beck, Melody L. James and Avery B. Wilkerson, Jr., Chair, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 18th day of March, 2019, before M. Sean Cary, Court Reporter and Notary Public in and for the State of South Carolina.



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APPEARANCES

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INDEX

	<u>PAGE</u>
<u>CALL TO ORDER:</u>	
COURT REPORTER.	3
<u>APPELLANT'S ARGUMENT:</u>	
MR. GARNER.	3
<u>DEFENDANT'S ARGUMENT:</u>	
MS. DIXON.	13
<u>APPELLANT'S REPLY:</u>	
MR. GARNER.	20
Certificate	23

EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

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



1 COMMISSIONER WILKERSON: Mr. Court Reporter, if you'd
2 please call the case.

3 CALL TO ORDER:

4 COURT REPORTER: Today is Monday, March 18th, 2019.
5 This is South Carolina Workers Compensation
6 Case Number 1315486. This is the case of
7 Beverly Bequeath-Collom, the Claimant versus
8 South Carolina Department of Education,
9 Employer and the State Accident Fund, the
10 Carrier. The Appellant is the Claimant
11 represented by Everett Hope Garner. The
12 Respondent is represented by Ashley Dixon.
13 Each side is allowed ten minutes for oral
14 argument and the Appellant three minutes in
15 reply. You're requested to argue the grounds
16 of exception and stay within the record.

17 COMMISSIONER WILKERSON: Mr. Garner ---

18 MR. GARNER: Thank you, Commissioner.

19 COMMISSIONER WILKERSON: --- please, thank you.
20 Yes, sir.

21 APPELLANT'S ARGUMENT:

22 MR. GARNER: May it please the Commission. I'm Hope
23 Garner and I do represent Beverly Collom in
24 this case. What we have here is a slip-and-
25 fall on the backside that occurred while she



1 was in the course of her employment with the
2 State Department of Education, she was at the
3 time working at a remote site which she
4 routinely did at the Kershaw County school
5 district. And there was a wet area or
6 something, it was raining and she slipped and
7 fell on her, I think it was termed, her
8 backside. The initial focus of treatment was
9 to the lower back. Then three weeks -- I
10 believe it was two weeks after the initial
11 treatment at Doctor's Care she -- she started
12 physical therapy and right away she mentioned
13 problems with her neck too, which is -- is
14 noted in the -- in their records of July 26th,
15 2013. In this particular case the
16 compensability has been decided and not
17 appealed, disability's been decided and not
18 appealed, so what we're faced with is the
19 medical treatment for the compensable body
20 part, which was found to be compensable
21 Commissioner Taylor, the neck, after the back
22 was accepted; and they refused, repeatedly
23 refused treatment or even evaluation, even by
24 the authorized treating physician, who said
25 (coughs) excuse me, he said he stood willing



1 and able to evaluate her -- her neck to see
2 number one, if there was, and number two if --
3 if it could be determined what the source of
4 the problem was.

5 **COMMISSIONER BECK:** But assuming that Commissioner
6 Taylor's finding of fact that she found it was
7 not emergent, wouldn't the proper course of
8 action to then file a 50 and request a hearing
9 to make that determination?

10 **MR. GARNER:** We initially did file a 50 on that --
11 on all issues in the case, and that would have
12 been determined -- I honestly, and it's not
13 unusual obvious-- -- as y'all well know, to
14 agree to, after a 50 is filed, if there are
15 issues that you think can be resolved or there
16 needs to be more discovery or whatever the
17 situation is, to go ahead and enter into that
18 order and -- and do that and try to develop the
19 case. As I recall, I don't have a specific
20 recollection I'll be honest with you as to why
21 that was done, but that would be the normal
22 course would be that ---

23 **COMMISSIONER BECK:** Well, otherwise, I mean, if
24 every claimant decided when the carrier says
25 no, we're denying that, to go out and get their



1 own medical treatment, doesn't that sort of
2 turn on its head the ability for the
3 defendant's to control medical?

4 **MR. GARNER:** All right. Ostensibly it would seem
5 so, Commissioner Beck, I would point out, and
6 from my perspective, that the 42-9-60 or the
7 42-15-60, the one we're -- the section we're
8 talking about here, talks about the
9 Commissioner's -- Commission's discretion in
10 ordering such care in a -- in a quote unquote
11 emergency situation. However there's several
12 cases that we feel modify and amplify that
13 situation, one of them being Reisinger which is
14 577 Southeast Second 222 Court of Appeals case
15 specifically states 42-15-60 does not allow the
16 employer to dictate claimant's treatment, only
17 that employer carrier pay for it, and to add a
18 postscript to that if it's attendant to a
19 compensable injury which it was found in this
20 case. To address your specific ---

21 **COMMISSIONER JAMES:** Wasn't that case for post-order
22 care where a physician was actually named?

23 **MR. GARNER:** I ---

24 **COMMISSIONER JAMES:** And then the -- there's a
25 subsequent case, McKinney, which distinguishes



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it?

MR. GARNER: I'm not aware of McKinney, I'll be honest with you, but that, I was -- saw this as good law and inter- -- I thought it was applicable to the situation. And to go on to other cases, Clark versus Aiken Government, 620 Southeast Second 99, the quote is, claimant is not required to sacrifice much needed treatment to comply with the employee's choice of physicians. I'm citing the Reisinger case. The worker's comp act provides that the employer obtains the right to name the authorized treating physician once the case has been excepted. We tried to get them to either refer her to another physician or just utilize the auter- -- authorized physician already in place. And I think if we get into a situation and you're talking about basically flipping the system on it's head, if -- if we don't -- there's no question of compensability here, the neck was compensable. All right. If we don't require the employer to be responsible in this situation then that's, that, from my perspective, is what wrecks havoc on the system, and it allow- -- it gives the employer



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1 or carrier license in, to reject and stonewall
2 and sandbag in legitimate cases. So, I think
3 we're in a mind field here from both sides.

4 **COMMISSIONER BECK:** I disagree with -- with that
5 position. Then you have the right to request
6 a hearing to get a Commissioner to make that
7 determination ---

8 **MR. GARNER:** And ---

9 **COMMISSIONER BECK:** --- what medical care the
10 claimant is entitled to.

11 **MR. GARNER:** Right. The point I would make in that
12 regard, Commissioner, is we filed the 50, it
13 was withdrawn. I think there were a total of
14 three, four 50's filed. Ultimately that's what
15 we were requesting. In the meantime she
16 testified in a deposition and in the hearing
17 that she was in pain the whole time, and it's
18 not like this is some casual surgery that she,
19 elective surgery that she didn't need or
20 something, there' no question she had a
21 discectomy and a -- a fusion, so we're talking
22 about serious back surgery which obviously I
23 think it's, would be logical and common
24 knowledge that she was in pain and needed to
25 have it done. And the point is if -- if the



1 carrier, from our perspective, had done what
2 they should have done in a timely manner and
3 accepted the claim at least for evaluation
4 purposes they would have been responsible for
5 paying whatever's related. What we got is
6 compensability without any responsibility here,
7 so that's the -- I think that's just a
8 dangerous precedent to allow a carrier to -- to
9 get into that situation. And in cases like
10 this where we got admittedly Ms. Collom
11 repeatedly asking the doctor and the nurse, and
12 the doctor saying we stand ready to treat her,
13 and there's no doubt they -- they even confess
14 or admit that they repeatedly denied and never
15 did authorize what we -- what should have been
16 an obvious need for treatment. And that
17 there's no problem, there shouldn't have been
18 any problem requesting, at least allowing the
19 authorized treating doctor to evaluate it.

20 **COMMISSIONER BECK:** Fr- -- from the original 50
21 filed to the date of surgery, how much time
22 passed?

23 **MR. GARNER:** The surgery was in 2014, I believe, and
24 the original 50 was filed, I don't have that
25 date, but it -- it would have been sometime in



1 2013. So I think we're talking about 18
2 months.

3 COMMISSIONER BECK: Okay.

4 MR. GARNER: So -- so an-- -- and during that time
5 Ms. Collom was repeatedly trying to get her --
6 her neck evaluated.

7 COMMISSIONER BECK: Okay.

8 MR. GARNER: An -- and -- and again, you know, she's
9 -- she had health insurance, she had Medicare,
10 she's over that Medicare barrel, I mean, that's
11 out -- that's not here nor there as far as
12 y'all are concerned, but Medicare is still
13 saying all this is work related and they want
14 their money back. Now there is a small thir-
15 -- admitting a small third party settlement out
16 there that's being held in abeyance why all
17 this is being resolved, but it's not like she
18 was not doing anything to get the treatment she
19 needed and she shouldn't be penalized for
20 having health insurance. And I normally don't
21 stand up here and try to defend Medicare or
22 Blue Cross or anybody, but -- but in this case
23 it's not fair for them to be responsible for
24 something that's clearly work related, has been
25 determined by the Commission to be work



1 related.

2 COMMISSIONER BECK: But ---

3 MR. GARNER: If I could make ---

4 COMMISSIONER BECK: --- but af- -- after the fact.

5 MR. GARNER: After the fact. The point there is the
6 com- -- the circumstances lending itself to
7 compensability even though it wasn't found
8 until after the fact those circumstances
9 existed at the time of the accident and the --
10 the immediate time forward, time thereafter.
11 So, you know, and I think that as the case has
12 amplified, that this is a case, I think the
13 Commission's got discretion to order this
14 treatment. I don't think there's any question
15 about that. And I think this is where it would
16 be judicious to -- to exercise that discretion
17 in view of the remedial nature, the oft quoted
18 term, the remedial nature of the act and -- and
19 the inclusion as opposed to exclusion. I just
20 -- we just feel that they had their chance to
21 choose a treating doctor or to authorize the
22 already tre- -- authori- -- to allow the
23 already authorized treating physician to
24 address this issue, they -- they had several
25 opportunities to -- to address this situation,



1 they just continually refused to do so; and I
2 -- I just can't see how you can have
3 compensability without any responsibility.
4 It's really a hollow finding to be -- with all
5 due respect. You find a claim's compensable
6 but then there's no financial responsibility
7 for it, and the disability -- like I said, none
8 of -- none of that's appealed. There were a
9 couple of issues raised in the respondent's
10 brief about the subsequent fall, of course
11 that's a red herring, other issues about no or
12 permanent- -- no permanency ratings. All that
13 is just a red herring distraction because none
14 of that was appealed. The only thing we have
15 here along with the -- briefly address the
16 temporary total. The Commissioner just didn't
17 address any -- whether she was respon- --
18 whether the carrier's responsible for any
19 temporary or if she was entitled to any
20 temporary total, the claimant was. She
21 discussed it but then didn't -- there wasn't an
22 order one way or the other. Ms ---

23 **COMMISSIONER BECK:** Go ahead and finish your
24 thought.

25 **MR. GARNER:** --- Ms. Collom testified that she was



1 out two or three weeks after a serious back
2 surgery, and she didn't use her -- her leave,
3 but that's -- she shouldn't be required to do
4 that, so. Having said that I'll yield the
5 floor and return in a few minutes.

6 **COMMISSIONER JAMES:** So is the request for three
7 weeks a temporary total, is that what the
8 request ---

9 **MR. GARNER:** Yes.

10 **COMMISSIONER JAMES:** --- is for?

11 **MR. GARNER:** Yes.

12 **COMMISSIONER JAMES:** Okay.

13 **COMMISSIONER BECK:** Please, sir.

14 **DEFENDANT'S ARGUMENT:**

15 **MS. DIXON:** May it please the Commission, good
16 afternoon. The two questions that we need to
17 address here today are first, whether the
18 surgery performed ---

19 **COMMISSIONER BECK:** Ms -- Ms. Dixon, is it -- is it
20 your position that once you deny the claim that
21 -- it just seems like it went for over two
22 years before she had the surgery. I -- I see
23 there was one consent order in here that y'all
24 sent it back to general files; would you have
25 someone that needs the type of surgery that



1 they needed to sit for two years? I mean, when
2 you say no, we're not accepting it, don't you
3 sort of give up the right to control that
4 medical?

5 **MS. DIXON:** I think you do as far as they're allowed
6 to get an IME and if they have a surgical
7 recommendation filed for a hearing or present
8 that to a Commissioner and allow the
9 Commissioner to decide, which is exactly what
10 should have happened here. Unfortunately, the
11 Form 50 was filed seven months before the
12 surgery. He -- Mr. Garner's correct, there is
13 no question right now regarding the
14 compensability of the neck, there was a
15 question regarding the compensability of the
16 neck prior to the time she underwent the
17 surgery. Had a 50 been filed and followed
18 through with at the hearing, that would have
19 been dealt with prior to the surgery; and if it
20 was deemed compensable at that point we would
21 have authorized the surgery.

22 **COMMISSIONER BECK:** I couldn't really tell from the
23 consent order what the reason for that second
24 withdraw was?

25 **MS. DIXON:** Well, there's five Form 50's filed in



1 total from my review of the record. We weren't
2 involved in the case during the initial time,
3 it appears that there was this ---

4 **COMMISSIONER BECK:** I think Ms. Snyder signed ---

5 **MS. DIXON:** --- a scheduling conflict. With respect
6 to that, that happens a lot; however, that
7 doesn't preclude Mr. Garner from refiling his
8 50 or having it set for a later date. I'm not
9 sure what the scheduling conflict was, but
10 instead of doing that the claimant sought
11 unauthorized treatment on her own and underwent
12 a surgery that was clearly not an emergency
13 procedure. Dr. Tyler recommended the surgery
14 on November 5th and didn't perform it until the
15 end of November, I don't think any emergency
16 procedure has a three week waiting down- --
17 downtime. And the standard by 42-15-60 is
18 clear, the claimant has the right to causally
19 related medical treatment, we have the right to
20 direct that treatment and the exception is if
21 that treatment is a non-emergency situation.
22 There is no evidence in the record today that
23 the surgery was an emergency. Dr. Tyler
24 completed an affidavit at the request of the
25 claimant's attorney, no mention of emergency;



1 we deposed Dr. Tyler, no mention of emergency;
2 no mention of emergency in any medical records.
3 So no, we're not asking that someone sit in
4 pain for two years if a surgery is recommended,
5 what we're asking is that we have the time to
6 evaluate the case. The reason for the denial
7 was that she did not mention any neck pain
8 during her first five visits at Doctors Care,
9 pages 1 through 20 of the APAs, nor did she
10 mention any neck pain at the first authorized
11 visit with an orthopaedist on page 88.

12 **COMMISSIONER JAMES:** Let -- let me ask a question.
13 I know we're talking about surgery in this
14 case, but if somebody can get benefit and it's
15 a denied case then that means that they can't
16 do anything including an -- an injection and --
17 and not be reimbursed for the injection unless
18 it's emergent during the time that it's being
19 denied?

20 **MS.. DIXON:** I believe so. I think that 42-15-60
21 states it has to be an emergency situation.
22 Now, if a doctor deems that the injection is
23 required to do the pain level and that will
24 help I think that's a different situation, but
25 what we have here is she went -- underwent



1 surgery, there was a three week down period,
2 Dr. Tyler said he was going to try to request
3 approval from the carrier, which that note
4 itself says it's not an emergency if he's going
5 to take ---

6 **COMMISSIONER JAMES:** But in the statute the way that
7 it's written, its design, it says the employer
8 shall provide medical; so it's like when there
9 is -- is an actual case. So in this case the
10 employer was not providing the medical.

11 **MS. DIXON:** Correct.

12 **COMMISSIONER JAMES:** So ...

13 **MS. DIXON:** The employer was not providing the
14 medical for the neck which was a denied body
15 part.

16 **COMMISSIONER JAMES:** So under this hearing too, if -
17 - if it's -- if it's denied and it goes up on
18 appeal, to the Court of Appeals, during that
19 period of time the person can't do anything and
20 then the Court of Appeals finds that it's
21 compensable, then all the medical treatment
22 that they've sought during this period of time
23 where they had no one to provide it to them is
24 not compen- -- is not compensable.

25 **MS. DIXON:** I don't think that's necessarily the



1 case here, Commissioner. We weren't denying
2 the claim in it's entirety, we were providing
3 authorized care for ---

4 COMMISSIONER JAMES: I'm just giving -- I'm just ---

5 MS. DIXON: Yes, ma'am.

6 COMMISSIONER JAMES: --- I'm giving you an example,
7 that you're -- you're denying this part of the
8 claim.

9 MS. DIXON: Correct. Yes, ma'am.

10 COMMISSIONER JAMES: So this body part?

11 MS. DIXON: Right.

12 COMMISSIONER: So I just used the whole part and
13 parcel, but same thing with the neck, if
14 Commissioner Taylor said it or whate- -- the,
15 whatever part of the back it was in this case,
16 and it -- neck, so and then -- and Commissioner
17 Taylor said no and then it went up to the Court
18 of Appeals and the Court of Appeals said yes or
19 we said yes, then any treatment that they -- so
20 they'd have to stall their treatment and do
21 nothing ---

22 MS. DIXON: It -- unless it was an emergency.

23 COMMISSIONER JAMES: --- or do it on their own?

24 MS. DIXON: I think that's what the statue regulate.

25 And so here, unfortunately, there was no really



1 intermediary treatment, there were no
2 injections, she went to physical therapy, but
3 what happened was there was a Form 50 filed in
4 April 2014. All the matters that Mr. Garner
5 presented to you today should have been argued
6 at the hearing set for August 4th, 2014 and
7 that was not the case, instead the hearing was
8 withdrawn, it never went forward and she sought
9 unauthorized treatment that was not emergent in
10 nature. And so I don't think that we should
11 have to pay for that at this time under the
12 statute. And then with respect to TTD, I think
13 Commissioner Taylor didn't address that because
14 there was no medical evidence showing that she
15 was written out of work. The defendant's, if
16 we're not authorizing treatment for the neck,
17 certainly can't know to start TTD benefits
18 after a surgery that we had no knowledge of and
19 was never approved. So the -- from my review
20 of Dr. Tyler's record there's never even a
21 mention that she's -- that he takes her out of
22 work after the surgery, in the brief they
23 request four weeks, during her deposition she
24 said two or three weeks and she missed no pay,
25 she used her leave during that time. So with



1 respect to TTD I think it wasn't addressed
2 because there's no evidence showing that she's
3 entitled to it. If there's any further
4 questions I'm happy to answer, if not I'll rely
5 on my brief for everything else. Thank you so
6 much.

7 APPELLANT'S REPLY:

8 MR. GARNER: Just very briefly. She was received --
9 she did receive injections, by the way, from
10 Dr. Clavet who was a -- a partner of -- of Dr.
11 Scott who was the authorized treating
12 physician. And while they sat on their hands
13 and did nothing she was out there getting a
14 referral from the authorized treating physician
15 to try to get an evaluation of her neck as
16 expeditiously as she could to try to get some
17 relief. So I think -- the system is designed
18 to benefit an injured employee not to thwart
19 their ability to get better, and a basic tenant
20 of all the worker's comp law is treatment or --
21 medical treatment is, does it tend to lessen
22 the disability. And I don't think there's any
23 question about that, she ultimately had a back
24 surgery that if she -- she should have had back
25 a lot -- lot, long time before she did, shortly



1 after the situation presented itself. And the
2 carrier, the State Accident Fund, had access to
3 those physical therapy records where she
4 repeatedly complained about her neck. And Dr.
5 Scott, after the second, around the second
6 visit, he said that she had a neck problem and
7 that the back had -- had pretty much resolved
8 or was resolving, but she had the neck problem
9 and he asked to be allowed to address, he was
10 not. Dr. Tyler, there's no question that
11 ultimate surgery was -- was required. If that
12 surgery had been done in an ordinary course of
13 things and the claim had gone like it should
14 have, the carrier would have been responsible.
15 So to find compensability without -- what we
16 have here is compensability, like I said
17 earlier, without responsibility. So the
18 finding of compensability is -- is -- is of no
19 value. So it's our position that Bev Collom
20 did everything she could. She got hurt on the
21 job, that wasn't her fault. She -- Dr. Tyler
22 said that it wasn't unusual for a certain body
23 part to present itself first and then to --
24 later for have refer- -- either referred pain
25 or that they -- the treating doctors were



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zeroing in on the -- on the initial back problem. So we have a continuum of a situation here that anybody can look and see that at least deserved an evaluation by a medical doctor, and the -- the carrier can't play doctor is what -- which is what they did in this case.

COMMISSIONER BECK: This concludes the hearing, thank y'all.

(There being nothing further, the full commission hearing concluded at 2:43 p.m.)



EXAM ROOM TIME 940

CHECKOUT TIME

11.01

TICKET NO

ACCOUNT NUMBER	DATE	TIME	DC SEVEN OAKS	1678052
D211093	07/19/13	08:12am		
NAME & ADDRESS			DOB: 08/19/1947 (65 years)	INSURANCE BALANCE \$0.00
BEQUEATH-COLLOM, BEVERLY			GENDER: F	ACCOUNT BALANCE \$0.00
564 VILLIAGE CHURCH DR.				CURRENT CHARGES
IRMO, SC 29063			IBG:	AMOUNT PAID
803-467-5234			CELL: 734-7979	NEW BALANCE
WRK:			REASON: OTHER	CASH
INSURED: BEQUEATH-COLLOM, BEVERLY			RELATION: OTHER	CHECK
INS: WC/STATE ACCIDENT FUND				MO
REASON: - WKC NEW				CASH
NICKNAME: BEV			COPY:	

Back, both hips

Personal Hx DM HTN	Family Hx DM HTN	Social Hx Alcohol Tobacco	ROS (V of O): Fatigue, Dizzy, Weak, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ABD Pain, N/V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash	Allergies: Sulfas
Date of Accident: _____			Medications: Nexium, Aleve	
Prev. chart rev., no sig chg: _____			Medications Reviewed: _____	
WT 139	HT	BMI	BP 120/80	PULSE 82
			RESP 16	TEMP 98.1
			LMP	Tetanus

PHYSICAL: (see reverse) Omit if N/A
 General
 HEENT
 Neck
 Nodes x Ray
 Lungs
 CV
 Abd L Spine
 Back
 Ext
 GU
 Neuro
 Skin/Breasts
 Chaperone
 I.V.
 Injection
 Nebulizer
 Procedure
 Pulse Ox

Chief Complaint: HPI
 4/0 car back pain
 on wet floor - fall
 no preps
 back started
 hurt to walk
 back 16 days
 pain spread
 SLR -

CBC
 EKG
 FBS
 Flu
 Heme
 Hgb A1C
 H. Pylori
 KOH
 Microalb
 Mono
 Strap
 Tetanus
 U/A
 U Preg
 Wet Prep
 X-Ray

DIAGNOSIS: Back Strain

<input checked="" type="checkbox"/> Patient Care Instructions Discussed	Crutches/Splints/Supplies <input type="checkbox"/> Given <input type="checkbox"/> Recommended	PSR Notes: NEW
<input type="checkbox"/> Lifestyle Modification	① N-proxyn 500 - bid # 30	72100
<input type="checkbox"/> Preventative Recommendation(s)	② Flexeril 10 - bid # 30	
<input type="checkbox"/> Prescriptions / OTC, Meds	③ PT	
<input type="checkbox"/> Side Effects Discussed	④ Light Diet	
<input type="checkbox"/> Follow-Up:		
Return:		
<input type="checkbox"/> Worsening symptoms:		
<input type="checkbox"/> If not better:		
Go to ER if:	Off Work / School	

Staff: S. Swarnanathan MD M.D., D.O., P.A., F.N.P.

1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel, I am aware that the practice of medicine and other health care professions is not an exact science and I understand that no guarantee has been or can be made as to the results of the treatment or examinations at Doctors Care.

2. I consent to the use and disclosure of my/our patient's protected health information for purposes of obtaining payment for services rendered to me/our patient, treatment and health care operations consistent with the Doctors Care Notice of Privacy Practices.

3. I authorize payment of medical benefits to Doctors Care physicians or their designees for services rendered.

Patient or Authorized Person's Signature: Beverly Bequeath-Collom Date: 07/19/2013

4. Workers Compensation patients: I hereby authorize Doctors Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive.

Patient or Authorized Person's Signature: Beverly Bequeath-Collom Date: 07/19/2013

Corvel Scan Date: 8/1/2013

BEQUEATH-COLLOM, BEVERLY 1/1

Doctors Care Seven Oaks
100 Jimmy Love Lane
Columbia, SC 29212
(803) 772-5030 Office
(803) 651-5477 Fax

Radology Overread by:
Carolina Radology Associates, LLC

NAME: BEQUEATH-COLLOM,
BEVERLY

DATE OF EXAM: 07/19/2013

DOB: 08/19/1947

PATIENT ID: DCMDD211093

PHYSICIAN: Swaminathan, Jawahar MD

EXAM: L-SPINE 3V

IMPRESSION: Mild degenerative spondylosis without acute bony abnormality.

Agree.

Steven T. Pirttila, M.D.
Electronic Signature
Jul 19 2013 4:16PM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record.

Noted

M 07/19/13



1000 Hurricane Shoals Rd.
 Bldg. C Suite 300C
 Lawrenceville, GA 30043
 Toll Free 877-709-2667
 FAX 877-710-2667 Medical Manager RN

Demographic Information Date 07/19/13 Date of Injury 07/12/13 Treating Physician D. S. ...

Patient Name Beverly B. ... SSN ... Patient DOB ...

Address ... Job Title ...

Employer ... Employer Phone ... Home Phone ...

Medical Information Date of last visit ... Date of Next Visit 07/27/13 9:30 PM

Diagnosis Back contusion E. Strain

Treatment Plan Anti-Inflammatories, NSAIDs, Heat

Surgery Date ... Post OP RTW ...

IPT Diagnostics Procedures

Anticipated MMI ... Impairment Rating ... % Body part ...

The actions taken during this authorization process will be based upon the information submitted for review. Authorization does not guarantee acceptance of this as a compensable workers' compensation injury. Any payments made will be in compliance with the state law governing workers' compensation.

Medications

Prognosis Excellent Good Fair Poor

Work Relation Work Related Not Work Related Cannot be determined

Work Status

Return to work on ... with no limitations

Return to work on 07/27/13 With abilities noted below

Discharge from Care ...

Employee sent home on ... until ...

Other ...

If any employee is taken off work, it must be precertified by a CompEndium Medical Manager or physician advisor who must document the objective findings that warrant not returning to work with modified activity.

Activity	1-3 hours	3-5 hours	Continuous	Never
Sit			<input checked="" type="checkbox"/>	
Stand	<input checked="" type="checkbox"/>			
Walk	<input checked="" type="checkbox"/>			
Sedentary			<input checked="" type="checkbox"/>	
Lift up to 10 lbs.	<input checked="" type="checkbox"/>			
Light 10 - 25 lbs				<input checked="" type="checkbox"/>
Medium 20 - 50 lbs				<input checked="" type="checkbox"/>
Heavy 50 - 100 lbs				<input checked="" type="checkbox"/>
Very Heavy 100+ lbs				<input checked="" type="checkbox"/>
Patient may pull	<input checked="" type="checkbox"/>			
Push	<input checked="" type="checkbox"/>			
Twist				<input checked="" type="checkbox"/>
Climb	<input checked="" type="checkbox"/>			
Bend	<input checked="" type="checkbox"/>			
Stoop	<input checked="" type="checkbox"/>			
Kneel				
Crawl				<input checked="" type="checkbox"/>
Reach		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Grasp / Pinch			<input checked="" type="checkbox"/>	
Repetitive Movement				
Other				

Authorization Number ... Valid Through ...

Physician Signature D. S. ... Date 07/19/13



MEDICAL AFFILIATES
Workers Compensation
Authorization Form
Please Print



Patient Information

Beverly Bequeath-Collom
Patient Name
07-12-13
Date of Injury

Multiple lower body parts
Type of Injury

Company Information

Department of Education
Company Name
Deb Fortenberry
Contact Person

Company Address
803-734-8506
Phone #

SC State Accident Fund
WKC Carrier Name
Will Hawthorne
WKC Contact Person

P.O. Box 102100, Columbia, SC 29221
WKC Address
803-896-5800
Phone #

CorVel Corporation
Name of Temporary Agency
Cindy Taylor
Temporary Agency Contact Person

700 Center Point Circle, Suite 290, Columbia, SC 29210
Temporary Agency Address
803-331-9528
Phone #

Temporary Agency's WKC Carrier Name
Temporary Agency's WKC Contact Person

Temporary Agency's WKC Carrier Address
Phone #

Employee Information

Is a drug screen required? YES NO If Yes, What Type? _____
Has the employer filled out a 1st Report of Injury? YES NO

This certifies that the above information is correct.
I authorize the medical provider to provide medical treatment to the employee named above.

Cindy Taylor
Signature or Company Authorization Number
07-13-13
Date

Cindy Taylor
Printed Name
Case Manager
Position Title

Patient Information

Form Completed By
Center
Initials
Date

**CompEndium
Services Inc.**

1600 Hurricane Shoals Rd.
Bldg C, Suite 300C
Lawrenceville, GA 30043
Toll-Free 877-709-2667
FAX 877-710-2667
Medical Manager _____ RN

Demographic Information Date 07/21/13 Date of Injury 07/12/13 Treating Physician Dr. S...

Patient Name Ravensberger SSN _____ Patient DOB 1/1/1

Address _____ Job Title _____

Employer _____ Employer Phone(_____) _____ Home Phone(_____) _____

Medical Information Date of last visit 07/14/13 Date of Next Visit 08/10/13 4:30 PM

Diagnosis Back Contusion & Strain

Treatment Plan Anti-Inflammatory Medication Rehabilitation

Surgery Date 1/1 Post-Op RTW 1/1
 I/P Diagnostics Procedures

Anticipated MIM 1/1 Impairment (Rating) 10% Body part _____

Medications Naproxen Flexeril

Prognosis Excellent Good Fair Poor

Work Relation Work-Related Not Work-Related Cannot be determined

Work Status _____

Return to work on 1/1 with no limitations
 Return to work on 07/27/13 With abilities noted below
 Discharge From Care 1/1
 Employee sent home on 1/1 until 1/1

Other _____

The actions taken during this authorization process will be based upon the information submitted for review. Authorization does not guarantee acceptance of this as a compensable workers' compensation injury. Any payments made will be in compliance with the state law governing workers' compensation.

If any employee is taken off work, it must be precertified by a CompEndium Medical Manager or physician advisor who must document the objective findings that warrant not returning to work with modified activity.

Activity	1 - 3 hours	3 - 5 hours	Continuous	Never
Sit	/			
Stand	/			
Walk	/			
Sedentary	/			
Lift up to 10 lbs.	/			
Light 10 - 25 lbs.				
Medium 20 - 50 lbs.				/
Heavy 50 - 100 lbs.				/
Very Heavy 100+ lbs.				/
Patient may pull	/			
Push	/			
Twist				/
Climb	/			
Bend	/			
Sloop	/			
Kneel				/
Crawl				/
Reach		/		/
Grasp / Pinch		/	/	
Repetitive Movement				
Other				

Authorization Number _____ Valid Through 1/1

Physician Signature Dr. S... Date 07/27/13

Compendium Services Inc.

1000 Hurricane Shoals Rd
 Bldg C Suite 300C
 Lawrenceville, GA 30043

Toll-free 877-708-2667

FAX 877-710-2667 Medical Manager

RN

Demographic Information: Date of Birth: 11/11/72 Date of Injury: 07/21/12 Treating Physician: Dr. [unclear]
 Patient Name: Ben Coleman SSN: _____ Patient DOB: 11/11/72
 Address: _____ Job Title: _____
 Employer: _____ Employer Phone: _____ Home Phone: _____
Medical Information: Date of last visit: 07/21/12 Date of Next Visit: 08/22/12
 Diagnosis: Acute strain
 Treatment Plan: Full range of motion
 Surgery Date: _____ Post-OP STW: _____ Procedures: _____
 I.D.T.: _____ I-Diagnosics: _____
 Anticipated MMI: 0% Impairment Rating: _____ % Body part: _____

The actions taken during this authorization process will be based upon the information submitted for review. Authorization does not guarantee acceptance of this as a compensable workers' compensation injury. Any payments made will be in compliance with the state law governing workers' compensation.

Medications: Naproxen, Plexon
Prognosis: Excellent Good Fair Poor
Work Relation: Work Related Not Work Related Cannot be determined
Work Status:
 Return to work on 07/21/12 with no limitations
 Return to work on 08/22/12 with abilities noted below
 Discharge From Care 07/21/12 until 07/21/12
 Employee sent home on _____
 Other: PT

If any employee is taken off work, it must be pre-certified by a Compendium Medical Manager or physician advisor who must document the objective findings that warrant not returning to work with modified activity.

Activity	1-2 hours	3-5 hours	Continuous	Never
Sit	/			
Stand	/			
Walk	/			
Sedentary	/			
Lift up to 10 lbs	/			
Light 10 - 25 lbs	/			
Medium 20 - 50 lbs	/			
Heavy 50 - 100 lbs	/			
Very Heavy 100+ lbs	/			
Patient may pull	/			
Push	/			
Twist	/			
Climb	/			
Bend	/			
Stoop	/			
Kneel	/			
Crawl	/			
Reach	/			
Grasp/hold	/			
Repetitive Move	/			
Other	/			

Authorized Holder: _____ Valid through: 12/31/12
 Physician Signature: [Signature] MD Date: 08/06/12

EXAM ROOM TIME **4:55** CHECKOUT TIME **5:40** TICKET NO. **1753224**

ACCOUNT NUMBER: **07/25/13** DATE: **04:40pm** DC SEVEN OAKS;

NAME & ADDRESS: **BEQUEATH-COLLOM, BEVERLY** DOR: **08/19/1947** (65 years)
564 VILLAGE CHURCH DR. GENDER: **F**
IRMO, SC 29063 IRG:
803-467-5234 CELL: **734-7979**
 WRK: **INSURED: BEQUEATH-COLLOM, BEVERLY** RELATION: **OTHER**
INS: WC/STATE ACCIDENT FUND
REASON: WKC F/U
NICKNAME: BEV **COPY: WKC**

INSURANCE BALANCE: **\$260.00**
 ACCOUNT BALANCE: **\$260.00**
 CURRENT CHARGES:
 AMOUNT PAID:
 NEW BALANCE:

Personal Hx: **DM** Social Hx: **Alcohol**
HTN **Tobacco**
 Present? yes no If yes, which state:
 of Accident: **chart rev. no sig chg.** Above Hx rev.:
 BOS (V or O): **Fatigue, Dizzy, Weak, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ABD Pain, N, V, D, Constip, Dysuria, Freq, Urgency, Back Pain, Private Pain, Vag, D/C, Headache, Syncope, Rash** All others negative

Allergies: **Sulfa**
 Medications: **Nexium, Flexeril, Naproxen**
 Meds/Allergies Reviewed

HT BMI BP **122/60** PULSE **80** RESP **16** TEMP **97.8** LMP Tetanus

SICAL: (see reverse) Omit if N/A
 nml. O if abnml & give details
 Chief Complaint: **F/u of back strain DOE: 07/12**
 HPI: **sharp pain lower back for several weeks**
sharp pain back for several weeks
sharp pain back for several weeks

CBC
 EKG
 FBS
 Flu
 Heme
 Hgb A1C
 H. Pylori
 KOH
 Microalb
 Mono
 Strep
 Tetanus
 U/A
 U/Preg
 Wet Prep
 X-Ray
 Labs - Send Out

GNOSIS: **Back Strain**

Patient Care Instructions Discussed:
 Lifestyle Modification: **1) continue naproxen 1/2 tab**
 Preventive Recommendation(s): **2) continue Flexeril 1/2 tab**
 Prescriptions / OTC Meds:
 Side Effects Discussed:
 Follow-Up:
 Return: **PT**
 Worsening symptoms:
 Treat better:
 Call ER if:
 Off Work / School: **1 Summer without**

PSR Notes: **ESTAB**

I voluntarily consent to all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the provision of medication and health care professionals in an accident and I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care. I consent to the use and disclosure of my health information for purposes of obtaining payment for services rendered to me, the patient, treatment and health care operations consistent with Doctors Care Notice of Privacy Practices.
 I authorize payment of medical benefits to Doctors Care physicians or their facilities for services rendered.
 Signature of Authorized Person: **Beverly Bequeath-ColloM** Date: **07/25/2013**
 Signature of Authorized Person: **Beverly Bequeath-ColloM** Date: **07/25/2013**

Occupational Medicine Note BEQUEATH COLLOM, BEVERLY D211093

Visit Note

Patient: BEQUEATH COLLOM, BEVERLY MRN: D211093 FIN: 1650156
Age: 66 years Sex: Female DOB: 8/19/1947
Associated Diagnoses: Accidents Occurring in Industrial Places and Premises; Back Strain
Author: Swamijathan, Jawahar

Chief Complaint: Back Strain DOI: 07/12/13

History of Present Illness: The patient presents with Started PT. Feels better.

Health Status:

Allergies:

Allergic Reactions (Selected)

Severity: Not Documented

Sulfa drugs (No reactions were documented)

Medications: (Selected)

Documented Medications

Documented

Flexeril 10 mg oral tablet: 1 tab(s) (10 mg), PO, TID, PRN for spasm, # 30 tab(s), 0 Refill(s), Type: Maintenance

Naprosyn 500 mg oral tablet: 0 Refill(s), Type: Maintenance

Nexium 40 mg oral delayed release capsule: 0 Refill(s), Type: Maintenance

Histories

Past Medical History

No active or resolved past medical history items have been selected or recorded

Family History

No family history items have been selected or recorded

Procedure History

No active procedure history items have been selected or recorded

Social History

Alcohol Assessment

Never

Tobacco Assessment

Never

Physical Examination

Vital Measurements

Vital Signs

8/8/2013 6:10 PM EDT

Temperature Oral:
Peripheral Pulse Rate:
Respiratory Rate:
Systolic Blood Pressure:
Diastolic Blood Pressure:
Mean Arterial Pressure:

98.1 Deg F
82 bpm
16 breath
118 mmHg
80 mmHg
93 mmHg

Measurements from flowsheet: Measurements:

8/8/2013 6:10 PM EDT

Weight: 132 lb

Additional physical exam information: Tenderness is less in Back

Health Maintenance

Recommendations:

Pending in the next year

Printed by: Armstrong, Donna
Printed on: 8/12/2013 9:19 AM EDT

Page 1 of 2
(Continued)

Occupational Medicine Note

BEQUEATH COLLOM, BEVERLY D211093

- Alcohol Misuse Screen (Female) due 08/08/13 and every 1 year(s)
- Aspirin Therapy for Prevention of CVD (Female) due 08/08/13 and every 5 year(s)
- Breast Cancer Screen due 08/08/13 and every 2 year(s)
- Cervical Cancer Screen (If sexually active) due 08/08/13 and every 3 year(s)
- Colonial Cancer Screen (Colonoscopy) (Female) due 08/08/13 and every 10 year(s)
- Colonial Cancer Screen (Occult Blood) (Female) due 08/08/13 and every 1 year(s)
- Colonial Cancer Screen (Sigmoidoscopy) (Female) due 08/08/13 and every 5 year(s)
- Depression Screen (Female) due 08/08/13 and every 1 year(s)
- HIV Screen (If sexually active) (Female) due 08/08/13 and every 1 year(s)
- Influenza Vaccine due 08/08/13 and every 1 year(s)
- Lipid Disorders Screen (Female) due 08/08/13 and every 5 year(s)
- Osteoporosis Screen due 08/08/13 and every 2 year(s)
- Pneumococcal Vaccine due 08/08/13 One-time only
- STD Counseling (If sexually active) (Female) due 08/08/13 and every 1 year(s)
- Syphilis Screen (If sexually active) (Female) due 08/08/13 and every 1 year(s)
- Tetanus Vaccine due 08/08/13 and every 10 year(s)
- Tabacco Use Screen (Female) due 08/08/13 and every 1 year(s)
- Zoster/Shingles Vaccine due 08/08/13 one-time only
- Satisfied (in the past 1 year)
- Satisfied
- High Blood Pressure Screen (Female) on 08/08/13 Satisfied by Harmon, Mary

Impression and Plan

- Diagnosis:
 - Accidents Occurring in Industrial Places and Premises (ICD9 E849.3)
 - Back Strain (ICD9 847.9)

Orders

- Orders (Selected):
 - Outpatient Orders
 - Order: 99213 office/outpatient visit (Charge) Quantity: 1

Signature Line

Signed and Authored by Jawahar Swaminathan on 08/08/2013 06:38 PM EDT

Charted Date: August 08, 2013 6:26 PM EDT
 Subject/Title: Visit Note
 Performed By: Swaminathan, Jawahar on August 08, 2013 6:38 PM EDT
 Electronically Signed By: Swaminathan, Jawahar on August 08, 2013 6:38 PM EDT
 Visit Information: 1650166 Doctors Care - Seven Oaks, Outpatient, 8/8/2013 - 8/10/2013

Urgent Care Note

BEQUEATH-COLLOM, BEVERLY - D211093

- Alcohol Misuse Screen (Female) due 08/22/13 and every 1 year(s)
- Aspirin Therapy for Prevention of CVD (Female) due 08/22/13 and every 5 year(s)
- Breast Cancer Screen due 08/22/13 and every 2 year(s)
- Colorectal Cancer Screen (Colonoscopy) (Female) due 08/22/13 and every 10 year(s)
- Colorectal Cancer Screen (Occult Blood) (Female) due 08/22/13 and every 1 year(s)
- Colorectal Cancer Screen (Sigmoidoscopy) (Female) due 08/22/13 and every 5 year(s)
- Depression Screen (Female) due 08/22/13 and every 1 year(s)
- HIV Screen (if sexually active) (Female) due 08/22/13 and every 1 year(s)
- Influenza Vaccine due 08/22/13 and every 1 year(s)
- Lipid Disorders Screen (Female) due 08/22/13 and every 5 year(s)
- Osteoporosis Screen due 08/22/13 and every 2 year(s)
- Pneumococcal Vaccine due 08/22/13 One-time only
- STD Counseling (if sexually active) (Female) due 08/22/13 and every 1 year(s)
- Syphilis Screen (if sexually active) (Female) due 08/22/13 and every 1 year(s)
- Tetanus Vaccine due 08/22/13 and every 10 year(s)
- Tobacco Use Screen (Female) due 08/22/13 and every 1 year(s)
- Zoster/Shingles Vaccine due 08/22/13 One-time only

Satisfied (in the past 1 year)

Satisfied

- High Blood Pressure Screen (Female) on 08/22/13. Satisfied by Harmon, Mary
- High Blood Pressure Screen (Female) on 08/08/13. Satisfied by Harmon, Mary

Impression and Plan

Diagnosis

- Accidents Occurring in Industrial Places and Premises (ICD9 E849.3)
- Back Strain (ICD9 847.9)

Course: Progressing as expected, Discussed trial of 1/2 flexeril qhs.

Orders

Orders (Selected)

Outpatient Orders

Order

99213 office outpatient visit 15 minutes (Charge) Quantity: 1

Counseled: Patient, Regarding diagnosis, Regarding treatment, Regarding medications.

Signature Line

Signed and Authored by Jawahar Swaminathan on 08/22/2013 05:16 PM EDT

Charted Date: August 22, 2013 4:50 PM EDT
 Subject / Title: Visit Note
 Performed By: Swaminathan, Jawahar on August 22, 2013 5:11 PM EDT
 Electronically Signed By: Swaminathan, Jawahar on August 22, 2013 5:16 PM EDT
 Visit Information: 1672328, Doctors Care - Seven Oaks, Outpatient, 8/22/2013 -

Printed by: Trapp, Amanda
 Printed on: 8/23/2013 8:39 AM EDT

Page 2 of 2
 (End of Report)

Urgent Care Note

BEQUEATH-COLLOM, BEVERLY - D211093

Visit Note

Patient: BEQUEATH-COLLOM, BEVERLY MRN: D211093 FIN: 1672328
Age: 66 years Sex: Female DOB: 8/19/1947
Associated Diagnoses: Accidents Occurring in Industrial Places and Premises; Back Strain
Author: Swaminathan, Jawahar

Chief Complaint
Back Strain DOI 07/12/13

History of Present Illness
The patient presents with feels 50% improved.

Health Status

Allergies:

Allergic Reactions (Selected)

Severity Not Documented

Sulfa drugs (No reactions were documented)

Medications: (Selected)

Documented Medications

Documented

Flexeril 10 mg oral tablet: 1 tab(s) (10 mg), PO, TID, PRN: for spasm, # 30 tab(s), 0 Refill(s), Type: Maintenance
Naprosyn 500 mg oral tablet: 0 Refill(s), Type: Maintenance
Nexium 40 mg oral delayed release capsule: 0 Refill(s), Type: Maintenance

Histories

Past Medical History:

No active or resolved past medical history items have been selected or recorded.

Family History:

No family history items have been selected or recorded.

Procedure history:

No active procedure history items have been selected or recorded.

Social History:

Alcohol Assessment

Never

Tobacco Assessment

Never

Physical Examination

VS/Measurements

Vital Signs

8/22/2013 4:29 PM EDT

Temperature Oral
Peripheral Pulse Rate
Respiratory Rate
Systolic Blood Pressure
Diastolic Blood Pressure
Mean Arterial Pressure

98 DegF
82 bpm
16 br/min
126 mmHg
80 mmHg
95 mmHg

Measurements from flowsheet: Measurements:

8/22/2013 4:29 PM EDT Weight 129 lb

Additional physical exam information: Tenderness is less in Back.

Health Maintenance

Recommendations

Pending (in the next year)

Due

Printed by: Trapp, Amanda
Printed on: 8/23/2013 8:39 AM EDT

Page 1 of 2
(Continued)

CompEndium Services Inc.

1000 Hurricane Shoals Rd.
Bldg C Suite 300C
Lawrenceville, GA 30043
Toll Free 877-709-2667
FAX 877-710-2667 Medical Manager RN

Demographic Information Date 08/29/13 Date of Injury 07/12/12 Treating Physician Dr. Swartz

Patient Name Beverly Bequent SSN _____ Patient DOB 1/1

Address _____ Job Title _____

Employer _____ Employer Phone(____) _____ Home Phone(____) _____

Medical Information Date of last visit 08/22/13 Date of Next Visit 09/12/13 4:30 PM

Diagnosis Bcck Strain

Treatment Plan Naproxen, Flexeril, PT light duty

Surgery Date 1/1 Post OP RTW 1/1 Procedures

PT Diagnostics

Anticipated MMI 1/1 Impairment Rating % Body part _____

The actions taken during this authorization process will be based upon the information submitted for review. Authorization does not guarantee acceptance of this as a compensable workers' compensation injury. Any payments made will be in compliance with the state law governing workers' compensation.

Medications Naproxen, Flexeril

Prognosis Excellent Good Fair Poor

Work Relation Work Related Not Work Related Cannot be determined

Work Status

Return to work on 1/1 with no limitations Discharge From Care 1/1 until 1/1

Return to work on 08/29/13 With abilities noted below Employee sent home on _____ until _____

Other _____

If any employee is taken off work, it must be precertified by a CompEndium Medical Manager or physician advisor who must document the objective findings that warrant not returning to work with modified activity.

Activity	1-3 hours	3-5 hours	Continuous	Never
Sit	/		/	
Stand	/			
Walk	/		/	
Sedentary	/			
Lift up to 10 lbs.	/			
Light 10-25 lbs				/
Medium 20-50 lbs				/
Heavy 50-100 lbs				/
Very Heavy 100+ lbs				/
Patient may pull	/			
Push	/			/
Twist	/			
Climb	/			
Bend	/			
Stoop	/			/
Kneel	/			/
Crawl		/		
Reach			/	
Grasp / Pinch			/	
Repetitive Movement				
Other				

Authorization Number _____ Valid Through 1/1

Physician Signature J Swartz MD Date 08/29/13

BEQUEATH COLLOM, BEVERLY - D211093

Urgent Care Note

Urgent Care Minor Injury

Patient: BEQUEATH COLLOM, BEVERLY MRN: D211093 FIN: 1683490
Age: 66 years Sex: Female DOB: 8/19/1947
Associated Diagnoses: Back Strain; Accidents Occurring in Industrial Places and Premises
Author: Swaminathan, Jawahar

Visit Information

Additional Information: 8/29/2013 2:56 PM EDT /u

History of Present Illness

/u of back strain DOI:07/12/13. Feels better. Has 2 more weeks of PT. On light duty

Health Status

Allergies:

Allergic Reactions (Selected)

Severity Not Documented

Sulfa drugs (No reactions were documented)

Medications: (Selected)

Documented Medications

Documented

Flexeril 10 mg oral tablet: 1 tab(s) (10 mg), PO, TID, PRN: for spasms, # 30 tab(s), 0 Refill(s), Type: Maintenance

Naprosyn 500 mg oral tablet: 0 Refill(s), Type: Maintenance

Nexium 40 mg oral delayed release capsule: 0 Refill(s), Type: Maintenance

Problem list:

All Problems

Accidents Occurring in Industrial Places and Premises / ICD-9-CM E849.3 / Confirmed

Back Strain / ICD-9-CM 847.9 / Confirmed

Histories

Social History:

Alcohol Assessment

Never

Tobacco Assessment

Never

Physical Examination

VS/Measurements

Vital Signs

8/29/2013 2:56 PM EDT

Temperature Oral

97.9 DegF

Peripheral Pulse Rate

72 bpm

Respiratory Rate

16 br/min

Systolic Blood Pressure

118 mmHg

Diastolic Blood Pressure

80 mmHg

Mean Arterial Pressure

93 mmHg

Measurements from flowsheet: Measurements

8/29/2013 2:56 PM EDT

Weight

129 lb

tenderness in lumbar area is less

Impression and Plan

Diagnosis

Back Strain (ICD9 847.9)

Accidents Occurring in Industrial Places and Premises (ICD9 E849.3)

Course: Improving

Plan: Anti-inflammatory, Muscle relaxant, Pain meds, PT, Light duty, Nexium samples.

Printed by:
Printed on:

Armstrong, Donna
9/3/2013 11:07 AM EDT

Page 1 of 2
(Continued)

Urgent Care Note

BEQUEATH COLLOM, BEVERLY - D211093

Orders

Orders (Selected):

Outpatient Orders:

Order

99213 office outpatient visit 15 minutes (Charge): Quantity: 1

Signature Line

Signed and Authored by Jawahar Swaminathan on 08/29/2013 03:49 PM EDT

Charted Date: August 29, 2013 3:45 PM EDT
Subject / Title: Urgent Care Minor Injury *
Performed By: Swaminathan, Jawahar on August 29, 2013 3:49 PM EDT
Electronically Signed By: Swaminathan, Jawahar on August 29, 2013 3:49 PM EDT
Visit Information: 1683490, Doctors Care - Seven Oaks, Outpatient, 8/29/2013 - 8/31/2013

Printed by: Armstrong, Donna
Printed on: 9/3/2013 11:07 AM EDT

Page 2 of 2
(End of Report)



1000 Hunicutt Shoals Rd.
 Bldg C Suite 300C
 Lawrenceville, GA 30043
 Toll Free 877-709-2667
 FAX 877-710-2667
 Medical Manager _____ RN

Demographic Information Date 9/12/13 Date of injury 07/12/13 Treating Physician Dr. Stephen...

Patient Name Beverly Bequer SSN _____ Patient DOB _____

Address _____ Job Title _____

Employer _____ Employer Phone _____ Home Phone _____

Medical Information Date of last visit 09/12/13 Date of Next Visit 09/19/13 9:30 AM

Diagnosis Back Strain

Treatment Plan Naproxen, Flexeril, PT, light duty

Surgery Date 1/1 Post OP RTW 1/1

PT Diagnostics Procedures

Anticipated MMI 1/1 Impairment Rating 0 % Body part _____

The actions taken during this authorization process will be based upon the information submitted for review. Authorization does not guarantee acceptance of this as a compensable workers' compensation injury. Any payments made will be in compliance with the state law governing workers' compensation.

Medications Naproxen, Flexeril

Prognosis: Excellent Good Fair Poor

Work Relation: Work Related Not Work Related Cannot be determined

Work Status _____

Return to work on 1/1 with no limitations
 Return to work on 09/12/13 with abilities noted below

Discharge From Care 1/1
 Employee sent home on 1/1 until 1/1

Other complete PT

If any employee is taken off work, it must be precertified by a CompEndium Medical Manager or physician advisor who must document the objective findings that warrant not returning to work with modified activity.

Activity	1 - 3 hours	3 - 5 hours	Continuous	Never
Sit	/		/	
Stand	/			
Walk	/			
Sedentary	/			
Lift up to 10 lbs.	/			
Light 10 - 25 lbs				/
Medium 20 - 50 lbs				/
Heavy 50 - 100 lbs				/
Very Heavy 100+ lbs				/
Patient may pull	/			
Push	/			
Twist	/			
Climb	/			
Bend	/			
Stoop	/			
Kneel				/
Crawl				/
Reach		/	/	
Grasp / Pinch			/	
Repetitive Movement				/
Other				

Authorization Number _____ Valid Through _____

Physician Signature J. Simon... Date 09/12/13

Urgent Care Note

BEQUEATH COLLOM, BEVERLY - D211093

Urgent Care Minor Injury *

Patient: BEQUEATH COLLOM, BEVERLY MRN: D211093 FIN: 1707812
Age: 66 years Sex: Female DOB: 8/19/1947
Associated Diagnoses: Back Strain; Accidents Occurring in Industrial Places and Premises
Author: Swaminathan, Jawahar

Visit Information
Additional Information: 9/12/2013 4:47 PM EDT WKC f/u

History of Present Illness
f/u of Back Strain DOI:07/12/13 Feels 60-70% improved. Has 2 more sessions of PT on Naprosyn and light duty

Health Status

Allergies:
Allergic Reactions (Selected)
Severity Not Documented
Sulfa drugs (No reactions were documented)

Medications: (Selected)
Documented Medications
Documented
Flexeril 10 mg oral tablet: 1 tab(s) (10 mg), PO, TID, PRN: for spasm, # 30 tab(s), 0 Refill(s), Type: Maintenance
Naprosyn 500 mg oral tablet: 0 Refill(s), Type: Maintenance
Nexium 40 mg oral delayed release capsule: 0 Refill(s), Type: Maintenance

Problem list

All Problems
Accidents Occurring in Industrial Places and Premises / ICD-9-CM E849.3 / Confirmed
Back Strain / ICD-9-CM 847.9 / Confirmed

Histories

Social History:
Alcohol Assessment
Never
Tobacco Assessment
Never

Physical Examination

VS/Measurements
Vital Signs

9/12/2013 4:47 PM EDT
Temperature Oral 97.8 DegF
Peripheral Pulse Rate 62 bpm
Respiratory Rate 18 br/min
Systolic Blood Pressure 115 mmHg
Diastolic Blood Pressure 78 mmHg
Mean Arterial Pressure 90 mmHg

Measurements from flowsheet: Measurements
9/12/2013 4:47 PM EDT Weight 131.2 lb.

General: Alert and oriented; No acute distress.
Neck: Supple.
Respiratory: Lungs are clear to auscultation.
Musculoskeletal: Spine/torso exam: Cervical (Tenderness), Lumbar (Tenderness).
Neurologic: Alert, Oriented.
Psychiatric: Cooperative, Appropriate mood & affect.

Impression and Plan

Printed by: Armstrong, Donna
Printed on: 9/16/2013 9:05 AM EDT

Page 1 of 2
(Continued)

Urgent Care Note

BEQUEATH COLLOM, BEVERLY - D211093

Diagnosis

Back Strain (ICD9 847.9)

Accidents Occurring in Industrial Places and Premises (ICD9 E849.3)

Plan: Anti-inflammatory, Muscle relaxant, Pain meds, PT, Light duty.

Orders

Orders (Selected):

Outpatient Orders

Order

99213 office/outpatient visit est (Charge): Quantity: 1

Signature Line

Signed and Authored by Jawahar Swaminathan on 09/12/2013 05:23 PM EDT

Charted Date: September 12, 2013 5:18 PM EDT

Subject / Title: Urgent Care Minor Injury *

Performed By: Swaminathan, Jawahar on September 12, 2013 5:23 PM EDT

Electronically Signed By: Swaminathan, Jawahar on September 12, 2013 5:23 PM EDT

Visit Information: 1707812, Doctors Care - Seven Oaks, Outpatient, 9/12/2013 - 9/14/2013

Printed by: Armstrong, Donna
Printed on: 9/16/2013 9:05 AM EDT

Page 2 of 2
(End of Report)

Urgent Care Note

BEQUEATH COLLOM, BEVERLY - D211093

Urgent Care Minor Injury

Patient: BEQUEATH COLLOM, BEVERLY MRN: D211093 FIN: 1719894

Age: 66 years Sex: Female DOB: 8/19/1947

Associated Diagnoses: Back Strain; Accidents Occurring In Industrial Places and Premises

Author: Swaminathan, Jawahar

Visit Information

Additional Information: 9/19/2013 4:39 PM EDT. w/o I/O

History of Present Illness

ITU of Back Strain DOI:07/12/13 Feels 60-70% Completed PT on Naprosyn and light duty
Feels she is not getting any better.

Health Status

Allergies:

Allergic Reactions (Selected)

Severity Not Documented

Sulfa drugs (No reactions were documented)

Problem List:

All Problems

Accidents Occurring in Industrial Places and Premises / ICD-9-CM E849.3 / Confirmed
Back Strain / ICD-9-CM B47.9 / Confirmed

Historical

Social History:

Alcohol Assessment

Never

Tobacco Assessment

Never

Physical Examination

V6/Measurements

Vital Signs

9/19/2013 4:39 PM EDT

Temperature Oral	97.8 DegF
Peripheral Pulse Rate	64 bpm
Respiratory Rate	18 br/min
Systolic Blood Pressure	120 mmHg
Diastolic Blood Pressure	82 mmHg
Mean Arterial Pressure	95 mmHg

Measurements from flowsheet: Measurements

9/19/2013 4:39 PM EDT Weight 132 lb

General: Alert and oriented. No acute distress.

Neck: Supple.

Respiratory: Lungs are clear to auscultation.

Musculoskeletal: Spine/torso exam, Cervical (Tenderness), Lumbar (Tenderness).

Neurologic: Alert, Oriented.

Psychiatric: Cooperative, Appropriate mood & affect.

Impression and Plan

Diagnosis

Back Strain (ICD9 B47.9)

Accidents Occurring in Industrial Places and Premises (ICD9 E849.3)

Plan: Refer to Ortho. Consider Anti-inflammatory, Muscle relaxant, Pain meds, HER and Light duty.

Orders

Printed by: Armstrong, Donna
Printed on: 10/30/2013 9:24 AM EDT

Page 1 of 2
(Continued)

Urgent Care Note

BEQUEATH COLLOM, BEVERLY - D211093

Orders (Selected):

Outpatient Orders

Order

99213 office/outpatient visit est (Charge): Quantity: 1
Referral (Request): Referred to: Orthopaedics

Signature Line

Signed and Authored by Jawahar Swaminathan on 09/19/2013 05:17 PM EDT

Charted Date: September 19, 2013 5:12 PM EDT

Subject / Title: Urgent Care Minor Injury

Performed By: Swaminathan, Jawahar on September 19, 2013 5:17 PM EDT

Electronically Signed By: Swaminathan, Jawahar on September 19, 2013 5:17 PM EDT

Visit Information: 1719994, Doctors Care - Seven Oaks, Outpatient, 09/19/2013 - 09/21/2013

CompEndium Services Inc.

1000 Hurricane Shoals Rd,
 Bldg C Suite 306C Toll Free 877-709-2667
 Lawrenceville, GA 30043 FAX 877-710-2667 Medical Manager R.N.

Demographic Information Date 09/19/13 Date of Injury 07/11/13 Treating Physician Dr. Swannell
 Patient Name Beverly Bequith SSN _____ Patient GOB 1/1
 Address _____ Job Title _____
 Employer _____ Employer Phone _____ Home Phone _____
Medical Information Date of last visit 09/19/13 Date of Next Visit 1/1/14 R/u 8/20/13
 Diagnosis Back strain
 Treatment Plan Ortho referral, Naproxen, Flexeril
 Surgery Date _____ Post OP RTW _____
 PT Diagnostics Procedures
 Anticipated MMI _____ Impairment Rating _____ % Body part _____

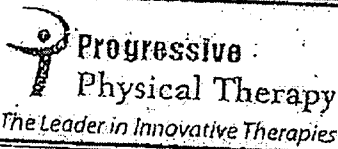
The actions taken during this authorization process will be based upon the information submitted for review. Authorization does not guarantee acceptance of this as a compensable workers' compensation injury. Any payments made will be in compliance with the state law governing workers' compensation.

Medications Naproxen, Flexeril
Prognosis Excellent Good Fair Poor
Work Relation Work Related Not Work Related Cannot be determined
Work Status
 Return to work on 1/1 with no limitations Discharge From Care _____
 Return to work on 09/19/13 With abilities noted below Employee sent home on 1/1 until 1/1
 Other _____

If any employee is taken off work, it must be prescribed by a CompEndium Medical Manager or physician advisor who must document the objective findings that warrant not returning to work with modified activity.

Activity	1-3 hours	3-5 hours	Continuous	Never
Sit	/			
Stand	/			
Walk	/			
Sedentary	/			
Lift up to 10 lbs.	/			
Light 10 - 25 lbs				/
Medium 20 - 50 lbs				/
Heavy 50 - 100 lbs				/
Very Heavy 100+ lbs				/
Patient may pull	/			
Push	/			
Twist	/			
Climb	/			
Bend	/			
Sloop	/			
Kneel	/			
Crawl				/
Reach		/		
Grasp / Pinch		/		
Repetitive Movement				/
Other				

Authorization Number _____ Valid Through 1/1/14
 Physician Signature J Swannell MD Date 09/19/13



SPINAL EVALUATION
 100 JIMMY LOVE LANE
 COLUMBIA, SC 29210
 803-731-4055 (PHONE)
 803-798-3375 (FAX)

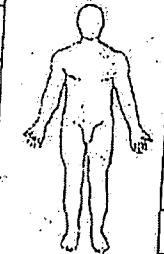
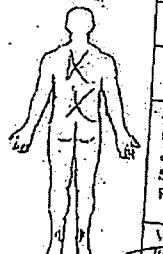
To M.D.:
 Fax'd
 Mailed
 Given In-Patient
 Filed in DC chart

Patient Name: Beverly Bequenth-Cotton Dx/ICD-9: Back Strain Date: 7/26/13
 DOB: 8/19/1947 Date of Onset: 7/12/13 Physician: Dr. J. J. Jaraman
 Claim #: _____ Date of Surgery: fall Therapist: Jam. Hockland, PT
 History: PT was a 65 yo F c/clo neck/back pain since 7/12/13. Pw to erect
of pain PT suffered a fall onto her elbow she got the all backward lurch
on bottom and then to the side. PT was able to get up on her own and is
able to walk on her own and is
 Diagnostic findings: (-) Muscle spasm on 1 way able to get
 Past Medical History: Balloon Dancer MD one neck-latch.
 Occupation: SC Dept of Ed Muscle spasm on 1 way able to get

Physical Demands: Full Time
 Work Status: full duty light duty off duty N/A
 Vitals: HR = _____ BP = _____
 When Worse: Sitting
 When Better: Sleeping, meds
 Pain: 5/10 @ present, 2/10 @ best, 8/10 @ worst
 Quality: SHARP/DULL/ACHING/SHOOTING/TINGLING/SORE

Summary of Objective Findings: * -> denotes pain below with movements; T -> denotes increased tone palpated

ACTION <small>(Normal range values in bold)</small>	CERVICAL			THORACIC			LUMBAR		
	ROM	ROM	ROM	ROM	ROM	ROM	ROM	ROM	
FLEXION <small>C2/C7 0-45; 71.0-90</small>	45							WNL	
EXTENSION <small>C2/C7 0-45; 71.0-25</small>	70							WNL	
SIDEBEND RIGHT <small>C2/C7 0-45; 71.0-25</small>	20							Top of laces	
SIDEBEND LEFT <small>C2/C7 0-45; 71.0-25</small>	20							distal C3	
ROTATE RIGHT <small>C2/C7 0-60; 71.0-45</small>	60							-RMW	
ROTATE LEFT <small>C2/C7 0-60; 71.0-45</small>	45								
POSTURE	Cervical Lordosis <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WNL Lumbar Lordosis <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WNL Kyphosis <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WNL Scapulothoracic: <u>Downward slump</u> Asymmetry: <u>(R) up/11a</u> Leg length discrepancy: <u>R=L < R>L < X>R</u>								
SPECIAL TESTS/ & NEURAL TENSION TESTING	SLR R/L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SI gap Sitump <u>R-p</u> <input type="checkbox"/> <input type="checkbox"/> SI compression _____ _____ _____								

MYOTOMES	R		L		MYOTOMES	R
	*					
L2-L3 Hip Flex					C1 Cerv Rotation	
L3-4 Knee Ext					C4 Shldr. Inrb.	
L4 Ankle DF					C5 Shldr. Abd	
L5 Gr. Toe Ext					C6 Wrist Ext/Elb. Flex	
L5-S2 Toe Walk/ Ev.					C7 Wrist Flex/Elb. Ext	
OSWESTRY SCORE	18%				C8 Finger Flex	
					T1 Digital Abd/ Abd	
REFLEXES	<input type="checkbox"/> Intact <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input checked="" type="checkbox"/> ANT					
DERMATOMES	<input type="checkbox"/> Intact bilaterally <input checked="" type="checkbox"/> Impaired - see below					
RADICULAR SYMPTOMS	<input type="checkbox"/> Tingling <input type="checkbox"/> Pain <input type="checkbox"/> Numbness <input type="checkbox"/> Site: <u>(R) hip</u>					
SEGMENTAL MOVEMENT & SOFT TISSUE PALPATION	Segmental mobility <input checked="" type="checkbox"/> hypo <input type="checkbox"/> hyper <input type="checkbox"/> WNL Pain with palpation to _____ <u>at tone (15) bump (12) glutes</u>					
WADDELLS STONES (lumbar pos only)	<u>6 out</u> <u>(1) kneelink</u>					
OTHER FINDINGS	<u>Creep Stage II</u>					

Assessment: This patient presents with the above functional limitations, affecting ADL and work capacity. Signs and symptoms are consistent with a differential diagnosis of whiplash and (R) ET dysfunction sp. fall causing red
pain inflammation and neck ROM stabilization and cervical joint
 Rehab Potential: good fair poor
 Goals: to be met in 3 weeks Vocational readjustment services required? yes no

1. Patient will report decreased pain to 0/10 at present and 2/10 at worst to allow greater functional mobility.
2. Patient will increase Spinal ROM and strength to WNL to improve bending, stooping, driving, and dressing ability.
3. Patient will be independent with a home exercise program to allow return to his/her previous functional status.
4. Patient will demonstrate proper body mechanics with the following activities to allow return to work at full duty or to allow return to previous functional capacity: reaching, lifting, pushing, pulling, stooping, walking, driving, sitting.
5. _____

Plan of Care: Physical Therapy 3 x per week for 3 weeks with treatment including the following:
 Therapeutic exercise- Spinal rehab-ROM/ stabilization/ endurance/MCU/ HEP Functional activities- lift, push, pull, stoop, walk
 Manual therapy- myofascial release, dry needling, joint mobilization, STM Modalities- MENS/IFC/TENS, moist heat, ice, ultrasound, laser therapy, shockwave therapy, ionto
 Patient education- postural awareness/ body mechanics/ injury prevention

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral!
 Physician / Nurse Practitioner / Physician's Asst. _____ Date _____
 Physical Therapist Jam. Hockland Date 7/26/13

Time In: 10:15 / 11

EXAM ROOM TIME

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET
56328	07/25/13 FRIDAY	10:15am	PT SEVEN OAKS,	1152315

NAME & ADDRESS: COLLOM, BEVERLY
 803-467-5234
 WRK:
 INSURED: BEQUEATH-COLLOM, BEVERLY
 INS:
 REASON: BACK

DOB:
 GENDER:
 IBC:
 FCL: 16
 CELL:

RELATION: SELF

INSURANCE BALANCE	\$0.00
ACCOUNT BALANCE	
CURRENT CHARGES	273.00
AMOUNT PAID	
NEW BALANCE	
CASH	
CHECK	
M.O.	
C	

PROCEDURES	CPT	SEE	REMARKS
<input checked="" type="checkbox"/> Evaluation	97001	10.00	
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input type="checkbox"/> Therapeutic Exercise, 15 mins	97110		
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input checked="" type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014	25.00	
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		
<input type="checkbox"/> Self Care Training, 15 mins	97535		
<input type="checkbox"/> ROM Measure and Report	95851		
<input type="checkbox"/> Other / Supplies	99070		

*S. See eval. 05 yr. PPT
 do need back pain sp
 fall in 7/13.*

*0. Initial eval. 15 mins
 screening of bcc's, 2/15
 pt ended in 15 mins
 pelvic injury to 15 mins
 A.K.A. spine 15 mins
 but not full
 when pain causing
 mild ache.
 PPT to be seen 3 week / 3 weeks.*

Visit Number: _____ of _____

Staff: _____

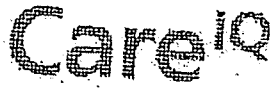
Therapist's Signature: *[Signature]*

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature: _____

Date: _____



A CORVEL NETWORK

CareIQ Therapy Program
301 Pennsylvania Parkway, Suite 210
Indianapolis, IN 46280

Certification Form

Patient Information:

Provider Name: Progressive Physical Therapy
 Patient's Name: Beverly Bequeath-Collom
 Date of Birth: 08/19/1947
 Home Telephone: (803) 467-5234
 Home Address: 564 Village Church Drive, Chapin, SC 29036
 Employer Name: Department of Education
 Work Telephone:
 Claim #: 032013002343
 Date of Injury: 07/12/2013
 SSN: 207-36-7979
 Employment Information: DO NOT BILL EMPLOYER

Treatment Information:

Physician's Last Name: Swaminathan
 Physician's Phone: (803) 772-5030
 Diagnosis: Strain; Multiple Lower Extremities
 First Name: Jawahar
 Fax: (803) 551-5477
 Secondary Diagnosis:

Service: Physical Therapy

Body Part: Lower Back Area -

Certified Visits: Initial Evaluation + 5 Visit(s)

In order to avoid potential interruptions in care, please provide the following documentation to CareIQ Therapy Program office within 24 hours of services rendered. If any questions, please refer to the Provider and Documentation Requirements document provided or call CareIQ at (866) 866-1101.

- Initial Evaluation with Return to Work Questionnaire and script (if not already submitted)
- Progress Report completed at every 6th visit (include updated measurements, ROM and status of goals) with prescription to cover additional visits
- All cancellations and no show appointments must be reported to CareIQ Therapy Program within 24 hours of the missed appointment

Fax to: 866-910-2069

Email to: PTDocuments@corvel.com

Disclaimer: This certification is invalid if a current prescription for this patient is not on file.

Billing Address:

CareIQ Therapy Program
301 Pennsylvania Parkway Suite 210
Indianapolis, IN 46280

Confidentiality Note:

The information contained in this transmission is privileged and confidential. It is intended solely for the use of the recipient named above. If the reader of this message is not the recipient named above, you are hereby notified that any dissemination, distribution, copying or disclosure of the contents of this transmission is prohibited. If you have received this transmission in error, please notify CareIQ by telephone and arrange for the return or destruction of original transmission and any accompanying documents.

Corvel Capture 9/5/2013

Time In: 1:00 / Time Out: 2:00

TICKET

EVAM ROOM TIME

CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME	SEVEN OAKS,	TICKET
56322	08/02/13 FRIDAY	01:00pm	PT	101100003 \$273.00
NAME & ADDRESS: COLLOM, BEVERLY 554 VILLAGE CHURCH DR CHAPIN, SC 29036 803-467-5234 WRK: INSURED: BEQUEATH-COLLOM, BEVERLY INS: WC/CORVEL THERAPY PROGRAM REASON: PT ONLY BACK / SPINE NICKNAME:				DOB: 08/19/1947 (65 years) GENDER: F IBC: FCL: 6 CELL: RELATION: OTHER COPAY:
INSURANCE BALANCE: \$273.00 ACCOUNT BALANCE: CURRENT CHARGES: 273.00 AMOUNT PAID: NEW BALANCE:				CASH: CHECK: M.O.:

PROCEDURES	GPT	FEE	
<input type="checkbox"/> Evaluation	97001		S. Pt clo shooting pain down Bles and painful cervical. A/C especially @ rotation. D. Manual BLE stretching and pelvic shotgun technique. 1 lb. subx release and ther x pv flow sheet. - HP+IFC to full spine x 5 min. p. cont. per POC
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l: 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins ⁴	97110	134.00	
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input checked="" type="checkbox"/> Manual Therapy ¹	97140	39.00	
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		
<input type="checkbox"/> Self Care Training, 15 mins	97535		
<input type="checkbox"/> ROM Measure and Report	95851		
<input type="checkbox"/> Other / Supplies	99070		
Visit Number: 2 of 6			Staff: J. Smith, PT Therapist's Signature: J. Smith, PT
RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to my designee for services described above.			
Patient or Authorized Person's Signature			Date: 9/5/13

Corvel Capture 9/5/2013

Time in: 8 / Time out: 9

CHECKOUT TIME

TICKET

ACCOUNT NUMBER	DATE	TIME	LOCATION	INSURANCE BALANCE	ACCOUNT BALANCE	CURRENT CHARGES	AMOUNT PAID	NEW BALANCE
56322	08/05/13 MONDAY	08:30am	PT SEVEN OAKS,	1015500	1073.00	127.00		
NAME & ADDRESS: COLLOM, BEVERLY 564 VILLAGE CHURCH DR CHAPIN, SC 29036 803-467-5234 WRK: INSURED: BEQUEATH-COLLOM, BEVERLY INS: NC/CORVEL THERAPY PROGRAM REASON: FOLLOW UP BACK / SPINE NICKNAME:				DOB: 08/19/1947 (65 years) GENDER: F IBG: FCL: 6 CELL:		RELATION: OTHER COPAY:		
				CASH	CHECK	MO		

PROCEDURES	CPT	FEE	REMARKS
<input type="checkbox"/> Evaluation	97001		S: Hip feels better, but neck is still hurting. O: thur ex pt flow short A-PT 2 only. low contact R and poor posture. P: cont. for POC
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins	97110	127.00	
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		Visit Number: 3 of 6 Staff: J. [Signature] PTA Therapist's Signature: [Signature]
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		
<input type="checkbox"/> Self Care Training, 15 mins	97535		
<input type="checkbox"/> ROM Measure and Report	95851		
<input type="checkbox"/> Other / Supplies	99070		
RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to their designee for services described above.			Patient or Authorized Person's Signature Date: 194...

Corvel Capture 9/9/2013

Time In: 11:2 / Time 12:18

EXAM ROOM TIME	DATE	TIME	CHECKOUT TIME	TICKET
56322	08/07/13 WEDNESDAY	11:00am PT	SEVEN DAKS,	116812

NAME & ADDRESS: BEQUEATH COLLOM, BEVERLY
564 VILLAGE CHURCH DR
CHAPIN, SC 29036
803-467-5234
WRK:
INSURED: BEQUEATH-COLLOM, BEVERLY RELATION: OTHER
INS: WC/CORVEL THERAPY PROGRAM
REASON: PT ONLY BACK / SPINE
NICKNAME:
DOB: 08/19/1947 (65 years)
GENDER: F
IBG:
FCL: 6
CELL:
COPAY:

INSURANCE BALANCE	\$687.00
ACCOUNT BALANCE	
CURRENT CHARGES	182/00
AMOUNT PAID	
NEW BALANCE	
CASH	
CHECK	
M.O.	

PROCEDURES	CPT	FEE	
<input checked="" type="checkbox"/> Evaluation	97001		<p>S: No new clo. My back is sore it feels good to bring double knee to chest.</p> <p>O: there's pain flow start. Ran out of time for modalities.</p> <p>A: Pt is ligamentous instability of lumbar spine and poor posture.</p> <p>P work for POC</p>
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input type="checkbox"/> Therapeutic Exercise, 15 mins	97110	182/00	
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		
<input type="checkbox"/> Self Care Training, 15 mins	97535		
<input type="checkbox"/> ROM Measure and Report	95851		
<input type="checkbox"/> Other / Supplies	99070		
			<p>Visit Number: 4 of 6</p> <p>Staff: J. S. P.T.</p> <p>Therapist's Signature: J. S. P.T.</p> <p>RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to POC or their designee for services described above.</p> <p>Patient or Authorized Person's Signature</p> <p>Date</p>

Time in: 1:45 / Time 5

TICKET

ACCOUNT NUMBER	DATE	TIME	CHECKROOT TIME	TICKET
56322	08/09/13	01:46pm PT	SEVEN OAKS,	1163615
NAME & ADDRESS: FRIDAY BEQUEATH-COLLOM, BEVERLY 564 VILLAGE CHURCH DR CHAPIN, SC 29036 803-467-5234 WRK: INSURED: BEQUEATH-COLLOM, BEVERLY. RELATION: OTHER INS: WC/CORVEL THERAPY PROGRAM REASON: FOLLOW UP NICKNAME:				INSURANCE BALANCE \$864.00 ACCOUNT BALANCE \$864.00 CURRENT CHARGES 131.00 AMOUNT PAID NEW BALANCE CASH CHECK M.O.
DOB: 08/19/1947 (65 years)				
GENDER: F				
IBG:				
FCL: 6				
CELL:				
COPAY:				

PROCEDURES	CPT	FEE	
<input type="checkbox"/> Evaluation	97001		S: Neck more sore today. Pt. reports she was up late work on a project last nite. O: Therex per flow sheet. - HP+IEC to neck x15min -> pt. prone. A: No Advise Rx to Rx P: cont. per POC Visit Number: 5 of 6 Staff: <i>Jan Dicks, PTA</i> Therapist's Signature: _____ RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary process this claim and authorize payment of medical benefits to PP their designee for services described above. Patient or Authorized Person's Signature _____ Date _____
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins 4	97110	92/00	
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins. Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		
<input type="checkbox"/> Self Care Training, 15 mins	97535		
<input type="checkbox"/> ROM Measure and Report	95851		
<input type="checkbox"/> Other / Supplies	99070		

Corvel Capture 9/30/2013

Time In: 8:45 / Time Out: 9:00

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET
56322	08/12/13 MONDAY	08:30am	PT SEVEN OAKS,	1315987 \$1049.00

NAME & ADDRESS: BEQUEATH, COLLON, BEVERLY
 564 VILLAGE CHURCH DR
 CHAPIN, SC 29036
 803-467-5234
 WRK:
 INSURED: BEQUEATH-COLLON, BEVERLY RELATION: OTHER
 INS: WC/CORVEL THERAPY PROGRAM
 REASON: FOLLOW UP BACK / SPINE
 NICKNAME:
 DOB: 08/19/1947 (65 years)
 GENDER: F
 IBO:
 FOL: 6
 CELL:
 COPAY:

INSURANCE BALANCE	\$1049.00	
ACCOUNT BALANCE		
CURRENT CHARGES	1315987	
AMOUNT PAID		
NEW BALANCE		
CASH	CHECK	M.O.

PROCEDURES	CPT	FEE	
<input type="checkbox"/> Evaluation	97001		
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins	97110	194.00	4
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		
<input type="checkbox"/> Self Care Training, 15 mins	97535		
<input type="checkbox"/> ROM Measure and Report	95851		
<input type="checkbox"/> Other / Supplies	99070		

S. Neck still sore
 O. therapy per flow chart
 A. No Advice Rx to Rx
 P. cont. per flow chart
 Visit Number: 6 of 6
 Staff: [Signature]
 Therapist's Signature: _____
 RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
 I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to the person named below.
 Patient or Authorized Person's Signature: _____
 Date: _____

Time In: 8:45 / Time Out: 9:40

TICKETS

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME
55322	08/14/13	09:08a.m.	PT SEVEN OAKS,
NAME & ADDRESS BEQUEATH-COLLOM, BEVERLY 564 VILLAGE CHURCH DR. CHAPIN, SC 29036 803-467-5234 WRK: INSURED: BEQUEATH-COLLOM, BEVERLY RELATION: OTHER INS: WC/CORVEL THERAPY PROGRAM REASON: FOLLOW UP NICKNAME:			DOB: 08/19/1947 (65 years) GENDER: F IBS: FCL: 6 CELL: COPAY:
INSURANCE BALANCE			1,232.00
ACCOUNT BALANCE			1,232.00
CURRENT CHARGES			134.00
AMOUNT PAID			
NEW BALANCE			
CASH			
CHECK			
M.O.			

PROCEDURES	CPT	FEE	
<input type="checkbox"/> Evaluation	97001		S. Norman c/o today
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		O: there's per flow chart
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins <i>4</i>	97110	181.00	A: No adverse rx N to rx p cont - per PCC / work on auto next visit
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		Visit Number: <u>7</u> of <u>9</u>
<input type="checkbox"/> Self Care Training, 15 mins	97535		Staff: <i>S. Norman</i>
<input type="checkbox"/> ROM Measure and Report	95851		Therapist's Signature: _____
<input type="checkbox"/> Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to their designee for services described above.
			Patient or Authorized Person's Signature
			Date 198

Corvel Capture 9/24/2013

Time In: 3:45 / Time Out: 4:00

TICKET

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME
56322	08/15/13	05:16pm PT	SEVEN OAKS,
NAME & ADDRESS BEQUEATH-COLLOM, BEVERLY 564 VILLAGE CHURCH DR CHAPIN, SC 29036 803-467-5234 WRK: INSURED: BEQUEATH-COLLOM, BEVERLY INS: WC/CORVEL THERAPY PROGRAM REASON: FOLLOW UP NICKNAME:			DOB: 09/19/1947 (65 years) GENDER: F IBG: FCL: 6 CELL: RELATION: OTHER COPAY:
INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES AMOUNT PAID NEW BALANCE			117/2/8 184.00
CASH CHECK D.O.			

PROCEDURES	CPT	FEE	
<input type="checkbox"/> Evaluation	97001		ST Namer c/s today O. Therex p flow sheet - MP & IFC to LB & 15min -> pt. prone. A. No pulse RxN to A P. cont. p POC
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins ⁴	97110	12.00	
<input checked="" type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		Visit Number: 3 of 9
<input type="checkbox"/> Self Care Training, 15 mins	97535		Staff: [Signature]
<input type="checkbox"/> ROM Measure and Report	95851		Therapist's Signature: _____
<input type="checkbox"/> Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary process this claim and authorize payment of medical benefits to PP their designee for services described above. Patient or Authorized Person's Signature _____ Date _____

Corvel Capture 9/27/2013

Time In: 3:56 / Time Out: 5:11

(CE)

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET
56322	08/20/13	04:00pm	PT SEVEN OAKS,	101173068
NAME & ADDRESS			DOB: 08/19/1947 (66 years)	INSURANCE BALANCE
BEQUEATH-COLLOM, BEVERLY			GENDER: F	\$1,000.00
564 VILLAGE CHURCH DR.			IBG:	ACCOUNT BALANCE
CHAPIN, SC 29036			FCL: 6	CURRENT CHARGES
803-467-5234			CELL:	84. ⁰⁰
WRK:			RELATION: OTHER	AMOUNT PAID
INSURED: BEQUEATH-COLLOM, BEVERLY				NEW BALANCE
INS: WC/CORVEL THERAPY PROGRAM				CASH
REASON: FOLLOW UP BACK / SPINE				CHECK
NICKNAME:				M.O.

✓	PROCEDURES	CPT	FEE	
<input type="checkbox"/>	Evaluation	97001		<i>S. None of today</i>
<input type="checkbox"/>	Re-Evaluation	97002		
<input type="checkbox"/>	OT Evaluation	97003		
<input type="checkbox"/>	Functional Capacity Evaluation	97750		
<input type="checkbox"/>	Work Hardening, 2 hours	97545		<i>O. three p. plan sheet</i>
<input type="checkbox"/>	Work Hardening, add'l. 1 hour	97546		
<input checked="" type="checkbox"/>	Therapeutic Exercise, 15 mins	97110	184. ⁰⁰	<i>- TP + FCC + ST</i>
<input type="checkbox"/>	Functional Activities, 15 mins	97530		
<input type="checkbox"/>	Electrical Stim., Unattended, 15 mins	97014		<i>A. No Advise Ken to Rk</i>
<input type="checkbox"/>	Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/>	Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/>	Ultrasound, 15 mins	97035		<i>p. cost. p. fee</i>
<input type="checkbox"/>	Paraffin Bath	97018		
<input type="checkbox"/>	Massage, 15 mins	97124		
<input type="checkbox"/>	Manual Therapy	97140		
<input type="checkbox"/>	Mechanical Traction	97012		Visit Number: _____ of _____
<input type="checkbox"/>	Neuromuscular Re-Educ., 15 mins	97112		Staff: <i>[Signature]</i>
<input type="checkbox"/>	Self Care Training, 15 mins	97535		Therapist's Signature: _____
<input type="checkbox"/>	ROM Measure and Report	95851		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
<input type="checkbox"/>	Other / Supplies	99070		I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to their designee for services described above.
				_____ Patient or Authorized Person's Signature
				_____ Date

Time In: 9:40 / Time Out: 9:40

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET
56322	08/22/13	09:30am	PT SEVEN OAKS,	10/17/13
NAME & ADDRESS		THURSDAY		INSURANCE BALANCE: 1784.00
BEQUEATH-COLLOM, BEVERLY		DOB: 08/19/1947 (66 years)		ACCOUNT BALANCE: 1784.00
564 VILLAGE CHURCH DR.		GENDER: F.		CURRENT CHARGES: 181.00
CHAPIN, SC 29036		IBG:		AMOUNT PAID:
803-467-5234		FCL: 2		NEW BALANCE:
WRK:		CELL:		CASH: CHECK: M.O:
INSURED: BEQUEATH-COLLOM, BEVERLY		RELATION: OTHER		
INS: WC/CORVEL THERAPY PROGRAM		COPAY:		
REASON: FOLLOW UP BACK & SPINE				
NICKNAME:				

PROCEDURES	CPT	FEE	
<input type="checkbox"/> Evaluation	97001		<p>S. pt. was able to make extended drive w/ pain. Neck + LB still hurt.</p> <p>O. therapy per flow sheet</p> <p>- No time for modalities</p> <p>A. No adverse Rx to Rx.</p> <p>P. cont. per flow</p>
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins	97110	134.00	
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins. Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		Visit Number: 10 of 12
<input type="checkbox"/> Self Care Training, 15 mins	97535		Staff: J. [Signature], PT
<input type="checkbox"/> ROM Measure and Report	95851		Therapist's Signature: _____
<input type="checkbox"/> Other / Supplies	99070		
			<p>RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS</p> <p>I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to their designee for services described above.</p> <p>_____ Patient or Authorized Person's Signature</p> <p>_____ Date</p>

Time in: 6:37 / Time 9:4

TICKET

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME
56322	08/26/13	09:30am	PT SEVEN OAKS, 11/17/9985
NAME & ADDRESS BEQUEATH-COLLOM, BEVERLY 564 WILLAGE CHURCH DR CHAPIN, SC 29036 803-467-5234 WRIK: INSURED: BEQUEATH-COLLOM, BEVERLY INS: WC/CORVEL THERAPY PROGRAM REASON: FOLLOW UP BACK / SPINE NICKNAME:			INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES AMOUNT PAID NEW BALANCE CASH CHECK N.O.
MONDAY DOB: 08/19/1947 (66 years) GENDER: F ICG: FCL: 6 CELL: RELATION: OTHER COPAY:			

PROCEDURES	GPT	FEE	
<input checked="" type="checkbox"/> Evaluation	97001		S= No new c/o today O freer per flow sheet A. No Advise Rx to Rx P. cont per POC
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins 5	97110		
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input checked="" type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		Visit Number: <u>11</u> of <u>12</u>
<input type="checkbox"/> Self Care Training, 15 mins	97535		Staff: <u>[Signature]</u>
<input type="checkbox"/> ROM Measure and Report	95851		Therapist's Signature: _____
<input checked="" type="checkbox"/> Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to their designee for services described above.
			Patient or Authorized Person's Signature _____
			Date _____

Corvel Capture 10/3/2013

Time In: 12:30 / Time Out: 1:00

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET
56322	08/29/13 THURSDAY	01:30 PM	PT SEVEN OAKS,	15117755 \$3,198.00

NAME & ADDRESS BEDEATH COLLOM, BEVERLY 564 VILLAGE CHURCH DR CHAPIN, SC 29036 803-467-5234 WRK: INSURED: BEQUEATH-COLLOM, BEVERLY RELATION: OTHER INS: WC/CORVEL THERAPY PROGRAM REASON: FOLLOW UP BACK / SPINE NICKNAME:	DOB: 08/19/1947 (66 years) GENDER: F IBC: FCL: 6 CELL: COPY:	INSURANCE BALANCE \$3,198.00 ACCOUNT BALANCE CURRENT CHARGES 92.00 AMOUNT PAID NEW BALANCE CASH CHECK M.O.
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PROCEDURES	CPT	FEE	REMARKS
<input type="checkbox"/> Evaluation	97001		
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins ²	97110	92.00	S: Pain 3/10
<input type="checkbox"/> Functional Activities, 15 mins	97530		O: Obv ex per flow sheet
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		A: No usage Rev to R
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		P: crest of foot
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input checked="" type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		
<input type="checkbox"/> Self Care Training, 15 mins	97535		
<input type="checkbox"/> ROM Measure and Report	95851		
<input type="checkbox"/> Other / Supplies	99070		

Visit Number: 12 of 12

Staff: [Signature] PTA

Therapist's Signature: _____

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
 I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to their designee for services described above.

Patient or Authorized Person's Signature: _____

Date: _____

Corvel Capture 10/11/2013

Time In: 3:35 / Time Out: 5:00

CE

CHECKOUT TIME

TICKET

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET
56322	09/06/13	03:30pm	PT SEVEN OAKS,	10181963
NAME & ADDRESS: BEQUEATH-COLLOM, BEVERLY 564 VILLAGE CHURCH DR CHAPIN, SC 29036 803-467-5234 WRK: INSURED: BEQUEATH-COLLOM, BEVERLY RELATION: OTHER INS: WC/CORVEL THERAPY PROGRAM REASON: FOLLOW UP BACK / SPINE NICKNAME:				DOB: 08/19/1947 (66 years) GENDER: F IBG: FCL: 6 CELL: COPAY:
INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES 84 ⁰⁰ AMOUNT PAID NEW BALANCE				CASH CHECK M.O. C

PROCEDURES	CPT	FEE	
<input type="checkbox"/> Evaluation	97001		
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins 4	97110	184 ⁰⁰	
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		
<input type="checkbox"/> Self Care Training, 15 mins	97535		
<input type="checkbox"/> ROM Measure and Report	95851		
<input type="checkbox"/> Other/ Supplies	99070		
			S: Non-cto O: fewer pr floundert A: No Adv-rsc Lx to Rx P: cont. p PC
			Visit Number: 13 of 16 Staff: [Signature], PTA Therapist's Signature:
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary process this claim and authorize payment of medical benefits to PPT their designee for services described above.
			Patient or Authorized Person's Signature
			Date

Time In: 3:35 / Time Out: 4:45

TICKET N

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME
56722	09/12/13	14:21pm PT SEVEN OAKS	
NAME & ADDRESS: THURSDAY BEQUEATH-COLLOM, BEVERLY 564 VILLAGE CHURCH DR CHAPIN, SC 29036 803-467-5234 WRK: INSURED: BEQUEATH-COLLOM, BEVERLY RELATION: OTHER INS: WC/CORVEL THERAPY PROGRAM REASON: FOLLOW UP NICKNAME:			INSURANCE BALANCE: 2,474.00 ACCOUNT BALANCE: 2,474.00 CURRENT CHARGES: 187.00 AMOUNT PAID: NEW BALANCE: CASH CHECK M.O. C.
DOB: 08/19/1947 (66 years) GENDER: F IBS: FCL: 6 CELL: COPY:			

PROCEDURES	CPT	FEE	
<input type="checkbox"/> Evaluation	97001		S: No new c/o today
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		O: there's per flow sheet
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins	97110		- No modalities 20 min time constraints
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		A: No Adms - Kru topx
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		P: cont. per pge
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		Visit Number: 14 of 1
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		Staff: [Signature]
<input type="checkbox"/> Self Care Training, 15 mins	97535		Therapist's Signature: [Signature]
<input type="checkbox"/> ROM Measure and Report	95851		
<input type="checkbox"/> Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary process this claim and authorize payment of medical benefits to PP their designee for services described above.
			Patient or Authorized Person's Signature
			Date:

Corvel Capture 10/15/2013

Time In: 3:30 / Time Out: 5:20

TICKET N

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME
56322	09/13/13	04:00 PM	PT SEVEN OAKS, 10/13/13
NAME & ADDRESS: FRIDAY BEQUEATH-COLLOM, BEVERLY 564 VILLAGE CHURCH DR. CHAPIN, SC 29038 803-467-5234 WRK: INSURED: BEQUEATH-COLLOM, BEVERLY. RELATION: OTHER INS: WE/CORVEL THERAPY PROGRAM REASON: FOLLOW UP NICKNAME:			INSURANCE BALANCE: 558.00 ACCOUNT BALANCE: 2,858.00 CURRENT CHARGES: 131.00 AMOUNT PAID: NEW BALANCE: CASH CHECK M.O. C
DOB: 08/19/1947 (66 years) GENDER: F IBG: ECL: 6 CELL: CGPAY:			

PROCEDURES	CPT	FEE	
<input type="checkbox"/> Evaluation	97001		S: No new do today O: therapy per flow sheet - HPT + FCC to LBS neck & 15 min. 2 planes A: No Adv se R w/ to rx P: cont - per POC
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins. 4	97110	34.00	
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		Visit Number: 15 of 10 Staff: <i>[Signature]</i> , RFA Therapist's Signature: _____ RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary process this claim and authorize payment of medical benefits to PPT their designee for services described above. Patient or Authorized Person's Signature: _____ Date: _____
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		
<input type="checkbox"/> Self Care Training, 15 mins	97535		
<input type="checkbox"/> ROM Measure and Report	95851		
<input type="checkbox"/> Other / Supplies	99070		

Time In: 4:00 / Time Out: 5:25

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME
56322	09/16/13	04:00pm	PT SEVEN OAKS
NAME & ADDRESS: BEQUEATH-COLLON, BEVERLY 564 WILLOW CHURCH DR CHAPIN, SC 29036 803-467-5234 WRK:			INSURANCE BALANCE: 2,842.00 ACCOUNT BALANCE: 2,842.00 CURRENT CHARGES: 181.00 AMOUNT PAID: NEW BALANCE: CASH CHECK M.O. C.C.
DOB: 08/19/1947 (66 years) GENDER: F FOL: 6 CELL: INSURED: BEQUEATH-COLLON, BEVERLY RELATION: OTHER INS: W/CORVEL THERAPY PROGRAM REASON: FOLLOW UP NICKNAME: COPAY:			

PROCEDURES	CPT	FEE	
<input checked="" type="checkbox"/> Evaluation	97001		S. No m c/o Pain 4/10 A ROM in neck O. finger per board cert A: No Adv see Rx to Rx P. cont. per Rx
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l 1 hour	97546		
<input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins	97110	24.00	
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		Visit Number: 16 of 16 Staff: S. Bell, PPT Therapist's Signature:
<input type="checkbox"/> Ultrasound, 15 mins	97085		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input type="checkbox"/> Manual Therapy	97140		
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		
<input type="checkbox"/> Self Care Training, 15 mins	97535		
<input type="checkbox"/> ROM Measure and Report	95851		
<input type="checkbox"/> Other / Supplies	99076		
RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary process this claim and authorize payment of medical benefits to PPT their designee for services described above.			
Patient or Authorized Person's Signature:			
Date:			



Patient Name: Beverly Bequeath-Collom Next MD Visit:

Lumbosacral Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch	M				
Reverse Piriformis Stretch	M				
HS Stretch -- Supine	M				
-- Modified <u>ET Band</u>	M				
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Prone)	<u>dynamic x 20 sec</u>				
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets <u>to Pine Pincher</u>	10x5"				
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows					
Prone on Elbows w/ all arm raises					
POE w/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnu/Ball Wide BOS, TrA					
Pnu/Ball Narrow BOS					
-- Eyes Closed					
-- Arm Movements EO/EC					
Pnu/Ball Leg Marching					
-- Eyes Closed					
-- Arm Movements EO/EC					
Supine					
Basic TrA with Kegel	10x5"				
-- w/ arm raises					
-- alt. legs w/ pelvic tilt and arm support	<u>heel on floor</u>	x10			
-- alt. legs w/ pelvic tilt					
-- w/ arm raise & legs (Dead Bug)					
Hip ADD&ABD (Pull and Squeezes)	10x5" ea				



Patient Name: Dorothy Bequeth-Collom Next MD Visit:

Lumbosacral Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch	M	5x15sec			
Reverse Piriformis Stretch	M	M			
HS Stretch -- Supine	M	M			
-- Modified <u>ETT/mul</u>	M				
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Prone)	<u>dynamic</u>	<u>x 20sec</u>			
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cal & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets. <u>7 Bone Pincher</u>	10x5"	10x10sec			
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows					
Prone on Elbows w/ alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnu/Ball Wide BOS, TrA					
Pnu/Ball Narrow BOS					
--Eyes Closed					
--Arm Movements EO/EC					
Pnu/Ball Leg Marching					
--Eyes Closed					
--Arm Movements EO/EC					
Supine					
Basic TrA with Kegel	10x5"	10x10sec			
--w/ arm raises					
--alt. legs w/ pelvic tilt and arm support <u>heel wall</u>	x10	10x			
--alt. legs w/ pelvic tilt					
--w/ arm raise & legs (Dead Bug)					
Hip ADD&ABD (Pull and Squeezes)	10x5"	30x5sec			

OVER →



Patient Name: Beverly Bequaeth-Collom Next MD Visit:

Cervicothoracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises					
Seated Posture Exercise/ w/ chin-tuck	10x5"	10x10"	10x10"		
Chin Tuck (A) Supine <i>w/ roll & shldr pinch</i>	10x5"				
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch			5x15"		
Chest/Biceps Stretch			10x10"		
Neck Sidebending ROM/ w/ chin tuck	5x10sec	10x10"			
Neck Rotation ROM/ w/ chin tuck	5x10sec	10x10"			
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone 5-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ alt. arms			2x10		
Prone Press-ups					
Quadruped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:-					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics: (lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	3x10 (3-)	3x10			
Shoulder Circles (no weights!)					
Scapular Depression					



Patient Name: Beverly Bequeath-Collom Next MD Visit:

Lumbosacral Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch	M	5x15sec			
Reverse Piriformis Stretch	M	M			
HS Stretch - Supine	M	M			
-- Modified <u>ETK</u>	M				
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Pronc)	<u>dynamic</u>	<u>20sec</u>			
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets <u>E Prone Pincher</u>	10x5"	10x10sec			
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows <u>E hip ext</u>			x 10sec		
Prone on Elbows w. alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnu/Ball Wide BOS, TrA					
Pnu/Ball Narrow BOS					
--Eyes Closed					
--Arm Movements EO / EC					
Pnu/Ball Leg Marching					
--Eyes Closed					
--Arm Movements EO / EC					
Supine					
Basic TrA with K-leg	10x5"	10x10sec	7x20sec		
<u>-w/ arm raises with leg support</u>			x 10sec		
--all legs w/ pelvic tilt and arm support <u>heel rollers</u>	x10	10x	x10		
--alt legs w/ pelvic tilt <u>and raised hip flex</u>			10x5"sec		
--w/ arm raise & legs (Dead Bug)					
Hip <u>TRD</u> & ABD (Pull and Squeezes)	10x5"sec	30x5sec	<u>claw</u>		

OVER →
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Patient Name: Beverly Bejeaneth-Collom Next MD Visit:

Lumbosacral Exercises	Date	Date	Date	Date	Date
	8/2	8/5/13	8/7/13	8/9/13	
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch	M	5x15sec			
Reverse Piriformis Stretch	M	M			
HS Stretch -- Supine	M	M			
-- Modified <u>ETBarel</u>	M				
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Prone)	<u>dynamic</u>	<u>20sec</u>			
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure-4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Scis <u>E Prone Pincher</u>	10x5"	10x10sec			
Prone pillows under abd					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows <u>E hip ext</u>			x 10 sec		
Prone on Elbows w. alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnu/Ball Wide BOS, TrA					
Pnu/Ball Narrow BOS					
--Eyes Closed					
--Arm Movements EO/EC					
Pnu/Ball Leg Marching					
--Eyes Closed					
--Arm Movements EO/EC					
Supine					
Basic TrA with Kegel	10x5"	10x10sec	7x20sec	5x20sec	
--w/ arm raises <u>multiple leg lanning</u>			x 10 sec		
--alt. legs w/ pelvic tilt and arm support <u>heel raised</u>	x 10	10x	x 10	10x	
--alt. legs w/ pelvic tilt <u>and raised hip flex</u>			10x5sec	10x5sec	
--w/ arm raise & legs (Dead Bug)					
Hip ABD & ABD (Pull and Squeezes)	10x5" or 30x5sec		<u>clay</u> <u>2x10</u>	2x10	

OVER →

Patient Name: Beverly Beguerth-Collman Next MD Visit:

Cervicothoracic Exercises	Date	Date	Date	Date	Date
	8/28	8/5	8/7	8/9/13	8/12/13
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises			Dist		
Seated Posture Exercise/ w/ chin-tuck	10x5"	10x10"	10x10"	10x10sec	10x10sec
Chin Tuck (A) Supine w/ roll & shldr pinch	10x5"				
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch			5x15"	5x15sec	5x15sec
Chest/Biceps Stretch			10x10"	10x10sec	10x10sec
Neck Sidebending ROM/ w/ chin tuck	5x10sec	10x10"			
Neck Rotation ROM/ w/ chin tuck	5x10sec	10x10"			
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone 5-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ alt. arms			2x10	2x10(3sec) (E)	2x10(10sec) (E)
Prone Press-ups					
Quadruped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	3x10(3sec)	3x10		3x10(3sec)	3x10(2sec)
Shoulder Circles (no weights!)					
Scapular Depression					

OVER →

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Cervicothoracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Scapulothoracic Stabilization (standing)					2/12/13
Rowing w/ Tband -or- Cable Col.					R+L 3x10(3)
Hi-Lo Rowing w/ Tband -or- CC					R+L 3x10(5sec)
Extension w/ TB (V)					
Flexion w/ TB (I)					
Scaption w/ TB (Y)					
Horizontal Abd w/ TB (F)					
Reciprocal Rowing w/ TB or TT					
Bilateral Diagonals					
Stretches:					
a. Upper Trapezius R/L					
b. Levator Scapulae R/L					
c. Scalenes R/L					
d. Sidelying Rotation					
Scapular Protraction w/ collapse -- Plantigrade					
Other:					



Lumbosacral Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Lower Extremity/ Functional	8/2	8/5/10	8/7	8/9/13	
Wall Slides w/ Pelvic Tilts					
Knee to Waist Lift					
Floor to Waist Lift					
4-Point					
Arm Raises w/ TrA					
Leg Raises w/ TrA					
Alt. Arms & Legs w/ TrA					
Multifidus Exercise					
Stationary Bike					
UBE					
Treadmill					
Blood Pressure					
Bridging	X10	10x10sec			
Wide BOS w/ arms/TrA/Ball Squeeze			2x10x5"	2x10x5"	
Wide BOS no Arms					
Narrow BOS no Arms					
Bridge on Ball					
Prone					
Dry Swim -- Legs only					
Dry Swim					
Superman/ on ball					
Reverse Hyperextension					
Williams Flexion Exercises					
Abdom Curls -- Fwd w/ PT					
Abdom Curls -- R&L w/ PT					
Other:					



Patient Name: Beverly Bequith-Collins Next MD Visit:

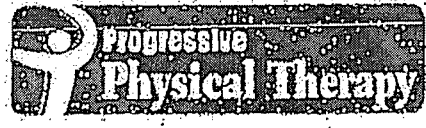
Cervicothoracic Exercises	Date	Date	Date	Date	Date
	8/22	8/5	8/7	8/9/13	
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises			Prone		
Seated Posture Exercise/ w/ chin-tuck	10x5"	10x10"	10x10"	10x10sec	
Chin Tuck (A) Supine w/ roll & shldr pinch	10x5"				
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch			5x15"	5x15 sec	
Chest/Biceps Stretch			10x10"	10x10sec	
Neck Sidebending ROM/ w/ chin tuck	5x10sec	10x10"			
Neck Rotation ROM/ w/ chin tuck	5x10sec	10x10"			
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone S-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ alt. arms			7x10	2x10 (3 sec)	
Prone Press-ups					
Quadruped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs					
Shoulder Circles (no weights!)	3x10 (3 sec)	3x10		3x10 (3 sec)	
Scapular Depression					



Patient Name: Beverly Bequeth-Collom Next MD Visit:

Cervicothoracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises					
Seated Posture Exercise/ w/ chin-tuck	2x20sec				
Chin Tuck (A) Supine w/ roll					
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch	5x15sec				
Chest/Biceps Stretch	10x10sec				
Neck Sidebending ROM/ w/ chin tuck					
Neck Rotation ROM/ w/ chin tuck					
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone S-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ alt. arms	2x10(5sec)				
Prone Press-ups					
Quadruped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	3x10(5sec)				
Shoulder Circles (no weights!)					
Scapular Depression					

plot 2



Cervicothoracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Scapulothoracic Stabilization (standing)					
Rowing w/ Tband -or- Cable Col.	RFB 3X10(30)				
Hi-Lo Rowing w/ Tband -or- CC					
Extension w/ TB (M)	RFB 3X10(30)				
Flexion w/ TB (I)					
Scaption w/ TB (Y)					
Horizontal Abd w/ TB (T)					
Reciprocal Rowing w/ TB or TF					
Bilateral Diagonals					
Stretches					
a. Upper Trapezius R/L					
b. Levator Scapulae R/L					
c. Scalenes R/L					
d. Sidelying Rotation					
Scapular Protraction w/ collapse -- Plan: grade					
Other:					



Patient Name: Beverly Bequath - Colby Next MD Visit:

Lumbosacral Exercises	Date	Date	Date	Date	Date
	8/14/13				
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch					
Reverse Piriformis Stretch					
HS Stretch -- Supine					
-- Modified					
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Prone)					
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets					
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows					
Prone on Elbows w. alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnut/Ball Wide BOS, TrA					
Pnut/Ball Narrow BOS					
--Eyes Closed					
--Arm Movements EO/ EC					
Pnut/Ball Leg Marching					
--Eyes Closed					
--Arm Movements EO/ EC					
Supine					
Basic TrA with Kegel	3x10				
--w/ arm raises					
--alt. legs w/ pelvic tilt and arm support	Heel walks 10x				
--alt. legs w/ pelvic tilt	resisted hip flex 10x				
--w/ arm raise & legs (Dead Bug)					
Hip ADD&ABD (Pull and Squeezes)	3x10				



Lumbosacral Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Lower Extremity/ Functional	8/19/13				
Wall Slides w/ Pelvic Tilts					
Knee to Waist Lift					
Floor to Waist Lift					
4-Point					
Arm Raises w/ TrA					
Leg Raises w/ TrA					
Alt. Arms & Legs w/ TrA					
Multifidus Exercise					
Stationary Bike					
UBE					
Treadmill					
Blood Pressure					
Bridging					
Wide BOS w/ arms/TrA/Ball Squeeze	2x10 (3 sec.)				
Wide BOS no Arms					
Narrow BOS no Arms					
Bridge on Ball					
Prone					
Dry Swim - Legs only					
Dry Swim					
Superman / on ball					
Reverse Hyperextension					
Williams Flexion Exercises					
Abdom Curls - Fwd w/ PT					
Abdom Curls - R&L w/ PT					
Other:					



Patient Name: Beverly Bequath - Colby Next MD Visit:

	Date	Date	Date	Date	Date
Lumbosacral Exercises	8/14/13	8/15/13			
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch					
Reverse Piriformis Stretch					
HS Stretch -- Supine					
-- Modified					
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Prone)					
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets					
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows					
Prone on Elbows w. alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnut/Ball Wide BOS, TRA					
Pnut/Ball Narrow BOS					
--Eyes Closed					
--Arm Movements EO / EC					
Pnut/Ball Leg Marching					
--Eyes Closed					
--Arm Movements EO / EC					
Supine					
Basic TRA with Kegel	3x/min	3x/min			
--w/ arm raises					
--alt. legs w/ pelvic tilt and arm support					
Heel walks	10x	10x			
--alt. legs w/ pelvic tilt resisted hip flex	10x	10x			
--w/ arm raise & legs (Dead Bug)					
Hip ADD&ABD (Pull and Squeezes)	3x10	3x10			

p 2 of 2

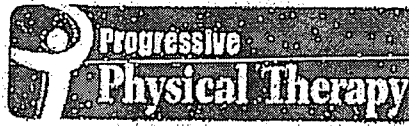


Cervicothoracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Scapulothoracic Stabilization (standing)					
Rowing w/ Tband -or- Cable Col.	RIP 3x10(52)	3x10(52)			
Hi-Lo Rowing w/ Tband -or- CC					
Extension w/ TB (V)	RIP 3x10(52)	3x10(52)			
Flexion w/ TB (I)					
Scaption w/ TB (Y)					
Horizontal Abd w/ TB (F)					
Reciprocal Rowing w/ TB or TT					
Bilateral Diagonals					
Stretches					
a. Upper Trapezius R/L					
b. Levator Scapulae R/L					
c. Scalenes R/L					
d. Sidelying Rotation					
Scapular Protraction w/ collapse -- Plantigrade					
Other					

Patient Name: Beverly Bequeth-Cotton Next MD Visit:

Cervicothoracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises					
Seated Posture Exercise/ w/ chin tuck	2x20sec	5x30sec			
Chin Tuck (A) Supine w/ roll					
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch	5x15sec	5x15sec			
Chest/Biceps Stretch	10x10sec	10x10sec			
Neck Sidebending ROM/ w/ chin tuck					
Neck Rotation ROM/ w/ chin tuck					
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone 5-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ alt. arms	2x10(5sec)	2x10(5sec)			
Prone Press-ups					
Quadruped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	3x10(10sec)	3x10(10sec)			
Shoulder Circles (no weights!)					
Scapular Depression					

plot 2



Patient Name: Beverly Bequath - Colby Next MD Visit:

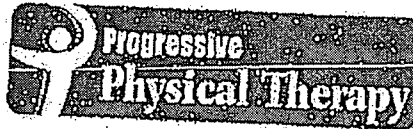
Lumbosacral Exercises	Date	Date	Date	Date	Date
	8/14/13	8/15/13	8/20/13		
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch					
Reverse Piriformis Stretch					
HS Stretch -- Supine					
-- Modified					
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Prone)					
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets					
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows					
Prone on Elbows w. alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnut/Ball Wide BOS, TrA					
Pnut/Ball Narrow BOS					
--Eyes Closed					
--Arm Movements EO/EC					
Pnut/Ball Leg Marching					
--Eyes Closed					
--Arm Movements EO/EC					
Supine					
Basic TrA with Kegel	3x/min	3x/min	3x/min		
--w/ arm raises					
--alt legs w/ pelvic tilt and arm support					
Reel walks	10x	10x	10x		
--alt legs w/ pelvic tilt resist hip flex	10x	10x	10x		
--w/ arm raise & legs (Dead Bug)					
Hip ADD&ABD (Pull and Squeezes)	3x10	3x10	3x10		

p 2 of 2

Patient Name: Beverly Bequeth-Collom Next MD Visit:

Cervicothoracic Exercises	Date	Date	Date	Date	Date
	8/14/13	8/15/13	8/20/13		
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises					
Seated Posture Exercise/ w/ chin-tuck	2x20sec	5x30sec	3x45sec		
Chin-Tuck (A) Supine w/ roll					
Chin Tuck (B) Seated					
Chin-Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch	5x15sec	5x15sec	5x15sec		
Chest/Biceps Stretch	10x10sec	10x10sec	10x10sec		
Neck Sidebending ROM/ w/ chin tuck					
Neck Rotation ROM/ w/ chin tuck					
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone S-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ alt. arms	2x10(5sec)	2x10(5)	2x10(5sec)		
Prone Press-ups					
Quadruped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs					
Shoulder Circles (no weights!)	3x10(7sec)	3x10(10sec)	3x10(10sec)		
Scapular Depression					

pl of 2

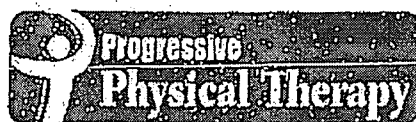


Patient Name: Beverly Bequath - Colby Next MD Visit:

Lumbosacral Exercises	Date	Date	Date	Date	Date
	8/14/13	8/15/13	8/20/13		
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch					
Reverse Piriformis Stretch					
HS Stretch -- Supine					
-- Modified					
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Prone)					
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets					
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows					
Prone on Elbows w. alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnut/Ball Wide BOS, TrA					
Pnut/Ball Narrow BOS					
-- Eyes Closed					
-- Arm Movements EO/EC					
Pnut/Ball Leg Marching					
-- Eyes Closed					
-- Arm Movements EO/EC					
Supine					
Basic TrA with Kegel					
-- w/ arm raises	3x/min	3x/min	3x/min		
-- alt. legs w/ pelvic tilt and arm support					
heel walks	10x	10x	10x		
-- alt. legs w/ pelvic tilt					
resisted hip flex	10x	10x	10x		
-- w/ arm raise & legs (Dead Bug)					
Hip ADD&ABD (Pull and Squeezes)	3x10	3x10	3x10		



Lumbosacral Exercises	Date	Date	Date	Date	Date
	8/14/13 Reps/Time	8/15/13 Reps/Time	8/20/13 Reps/Time	8/22/13 Reps/Time	Reps/Time
Lower Extremity/ Functional					
Wall Slides w/ Pelvic Tilt					
Knee to Waist Lift					
Floor to Waist Lift					
4-Point					
Arm Raises w/ TrA					
Leg Raises w/ TrA				3x10 (5sec)	
Alt. Arms & Legs w/ TrA					
Multifidus Exercise					
Stationary Bike					
UBE					
Treadmill					
Blood Pressure					
Bridging					
Wide BOS w/ arms/TrA/Ball Squeeze	2x10 (5sec)	2x10 (5)	20 (5)		
Wide BOS no Arms					
Narrow BOS no Arms					
Bridge on Ball					
Prone					
Dry Swim - Legs only					
Dry Swim					
Superman / on ball					
Reverse Hyperextension					
Williams Flexion Exercises					
Abdom Curls - Fwd w/ PT					
Abdom Curls - R&L w/ PT					
Other:					



Patient Name: Beverly Bequath-Colby Next MD Visit:

Lumbosacral Exercises	Date	Date	Date	Date	Date
	8/14/13	8/15/13	8/20/13	8/22/13	
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch					
Reverse Piriformis Stretch					
HS Stretch -- Supine					
-- Modified					
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Prone)					
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets					
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows					
Prone on Elbows w. alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnut/Ball Wide BOS, TrA					
Pnut/Ball Narrow BOS					
--Eyes Closed					
--Arm Movements EO/EC					
Pnut/Ball Leg Marching					
--Eyes Closed					
--Arm Movements EO/EC					
Supine					
Basic TrA with Kegel	3x/min	3x/min	3x/min	3x/min	
--w/ arm raises					
--alt legs w/ pelvic tilt and arm support					
Heel walks	10x	10x	10x	10x	
--alt legs w/ pelvic tilt resisted hip flex	10x	10x	10x	10x	
--w/ arm raise & legs (Dead Bug)					
Hip ADD&ABD (Pull and Squeezes)	3x10	3x10(E)	3x10(E)	3x10(Ssee)	

Bridge

p 2 of 2

Patient Name: Beverly Bequeath-Cole Next MD Visit:

Cervicothoracic Exercises	Date	Date	Date	Date	Date
	8/14/13	8/15/13	8/20/13	8/22/13	
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises					
Seated Posture Exercise/ w/ chin-tuck	7x20sec	6x30sec	3x45sec	3x/min	
Chin Tuck (A) Supine w/ roll					
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch	5x15sec	6x15sec	5x15sec	5x19sec	
Chest/Biceps Stretch	10x10sec	10x10sec	10x10sec	10x10sec	
Neck Sidebending ROM/ w/ chin tuck					
Neck Rotation ROM/ w/ chin tuck					
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone 5-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ alt. arms	2x10(5sec)	7x12(5-)	2x10(5sec)	2x10(5sec)	
Prone Press-ups					
Quadruped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	3x10(5sec)	3x10(5sec)	3x10(5sec)	3x10(5sec)	
Shoulder Circles (no weights!)					
Scapular Depression					

plot 2



Cervicothoracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Scapulothoracic Stabilization (standing)					
Rowing w/ Tband -or- Cable Col.	3x10(S)	3x10(S)	3x10(S)	3x10(S)	
Hi-Lo Rowing w/ Tband -or- CC					
Extension w/ TB (V)	3x10(S)	3x10(S)	3x10(S)	3x10(S)	
Flexion w/ TB (I)					
Scaption w/ TB (Y)					
Horizontal Abd w/ TB (T)					
Reciprocal Rowing w/ TB or TF					
Bilateral Diagonals					
Stretches					
a. Upper Trapezius R/L					
b. Levator Scapulae R/L					
c. Scalenes R/L					
d. Side-lying Rotation					
Scapular Protraction w/ collapse -- Plantigrade					
Other:					



Patient Name: Beverly Bequath - Colby Next MD Visit:

Lumbosacral Exercises	Date	Date	Date	Date	Date
	8/14/13	8/15/13	8/20/13	8/22/13	8/26/13
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch					
Reverse Piriformis Stretch					
HS Stretch -- Supine					
-- Modified					
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Prone)					
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets					
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows					
Prone on Elbows w. alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnut/Ball Wide BOS, TrA					
Pnut/Ball Narrow BOS					
--Eyes Closed					
--Arm Movements EO/EC					
Pnut/Ball Leg Marching					
--Eyes Closed					
--Arm Movements EO/EC					
Supine					
Basic TrA with Kegel	3x10	3x10	3x10	3x10	3x10
--w/ arm raises					
--alt. legs w/ pelvic tilt and arm support					
Heel walks	10x	10x	10x	10x	10x
--alt. legs w/ pelvic tilt resisted hip flex	10x	10x	10x	10x	10x
--w/ arm raise & legs (Dead Bug)					
Hip ADD&ABD (Pull and Squeezes)	3x10	3x10	3x10	3x10	3x10

Bridge

p 2 of 2



Lumbosacral Exercises	Date	Date	Date	Date	Date
	8/19/13	8/19/13	8/20/13	8/22/13	8/26/13
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Lower Extremity/ Functional					
Wall Slides w/ Pelvic Tilts					
Knee to Waist Lift					
Floor to Waist Lift					
4-Point					
Arm Raises w/ TrA					
Leg Raises w/ TrA					
Alt. Arms & Legs w/ TrA				3x10 (5sec)	3x10 (5sec)
Multifidus Exercise					
Stationary Bike					
UBE					
Treadmill					
Blood Pressure					
Bridging					
Wide BOS w/ arms/TrA/Ball Squeeze	2x10 (5sec)	2x10 (5)	20 (5)		
Wide BOS no Arms					
Narrow BOS no Arms					
Bridge on Ball					
Prone					
Dry Swim - Legs only					
Dry Swim					
Superman / on ball					
Reverse Hyperextension					
Williams Flexion Exercises					
Abdom Curis - Fwd w/ PT					
Abdom Curis - R&L w/ PT					
Other:					

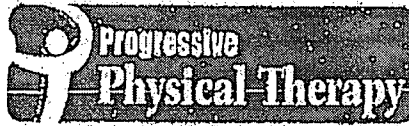
Patient Name: Beverly Bequeath-Collom Next MD Visit:

Cervicothoracic Exercises	Date	Date	Date	Date	Date
	8/14/13	8/15/13	8/29/13	8/22/13	8/26/13
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises:					
Seated Posture Exercise/ w/ chin-tuck	2x20sec	6x30sec	3x45sec	3x1min	3x1min
Chin Tuck (A) Supine w/roll					
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/roll					
Wall Angels					
Corner Stretch	5x15sec	5x15sec	5x15sec	5x19sec	5x19sec
Chest/Biceps Stretch	10x10sec	10x10sec	10x10sec	10x10sec	10x10sec
Neck Sidebending ROM/ w/ chin tuck					
Neck Rotation ROM/ w/ chin tuck					
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone 5-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ all arms	2x10(5sec)	2x10(5sec)	2x10(5sec)	2x10(5sec)	2x10(5sec)
Prone Press-ups					
Quadruped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	3x10(7sec)	3x10(10sec)	3x10(10sec)	3x10(10sec)	3x10(10sec)
Shoulder Circles (no weights!)					
Scapular Depression					

plot 2



Cervicothoracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Scapulothoracic Stabilization (standing)					
Rowing w/ Tband -or- Cable Col.	RFB 3x10(52)	3x10(52)	3x10(52)	3x10(52)	3x10(72)
Hi-Lo Rowing w/ Tband -or- CC					
Extension w/ TB (V)	RFB 3x10(52)	3x10(52)	3x10(52)	3x10(52)	3x10(72)
Flexion w/ TB (I)					
Scaption w/ TB (Y)					
Horizontal Abd w/ TB (I)					
Reciprocal Rowing w/ TB or FT					
Bilateral Diagonals					
Stretches					
a. Upper Trapezius R/L					
b. Levator Scapulae R/L					
c. Scalenes R/L					
d. Sidelying Rotation					
Scapular Protraction w/ collapse -- Plantigrade					
Other:					



Patient Name: *Beverly Bequeath-Collom* Next MD Visit:

Cervicothoracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises					
Seated Posture Exercise/ w/ chin-tuck.	<i>3x/1min</i>				
Chin Tuck (A) Supine w/ roll					
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch	<i>5x/15sec</i>				
Chest/Biceps Stretch	<i>10x/10sec</i>				
Neck Sidebending ROM/ w/ chin tuck					
Neck Rotation ROM/ w/ chin tuck					
Cervical Prone-Lying w/ roll underhead					
Prone Pinches					
Prone 5-way List:					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ alt. arms					
Prone Press-ups					
Quadruped Arm Raises					
UBE / Acrobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (lying):					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	<i>3x/10sec</i>				
Shoulder Circles (no weights!)					
Scapular Depression					

OVER →

p of 2



Patient Name: *Beverly Bequeath Collins* Next MED Visit:

	Date	Date	Date	Date	Date
Cervicothoracic Exercises	8/29/17				
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises					
Seated Posture Exercise/ w/ chin-tuck	3x/min				
Chin Tuck (A) Supine w/ roll					
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/roll					
Wall Angels					
Corner Stretch	5x/15s				
Chest/Biceps Stretch	10x/10s				
Neck Sidebending ROM/ w/ chin tuck					
Neck Rotation ROM/ w/ chin tuck					
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone 5-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ alt. arms					
Prone Press-ups					
Quadriped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isometrics (lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	3x/10min				
Shoulder Circles (no weights!)					
Scapular Depression					

OVER →

p 1 of 2



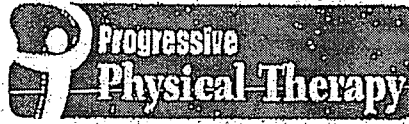
Patient Name: *Beverly Berger at the Colonn* Next MD Visit:

Lumbosacral Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch					
Reverse Piriformis Stretch					
HS Stretch -- Supine					
-- Modified					
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Prone)					
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets					
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows					
Prone on Elbows w. alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnut/Ball Wide BOS, TrA					
Pnut/Ball Narrow BOS					
-- Eyes Closed					
-- Arm Movements EO/EC					
Pnut/Ball Leg Marching					
-- Eyes Closed					
-- Arm Movements EO/EC					
Supine					
Basic TrA with Kegel	<i>3x/mon</i>				
-- w/ arm raises					
-- alt legs w/ pelvic tilt and arm support	<i>heel walks 10x</i>				
-- alt legs w/ pelvic tilt rest feet hip	<i>✓ 10x</i>				
-- w/ arm raise & legs (Dead Bug)					
Hip ADD&ABD (Pull and Squeezes)	<i>3x10 (5sec)</i>				

+Bridge



Cervicothoracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Scapulothoracic Stabilization (standing)					
Rowing w/ Thand -or- Cable Col.	3x10 (5sec)	3x10 (5sec)			
Hi-Lo Rowing w/ Thand -or- CC					
Extension w/ TB (V)	3x10 (5sec)	3x10 (5sec)			
Flexion w/ TB (I)					
Scaption w/ TB (Y)					
Horizontal Abd w/ TB (T)					
Reciprocal Rowing w/ TB or IT					
Bilateral Diagonals					
Stretches:					
a. Upper Trapezius R/L					
b. Levator Scapulae R/L					
c. Scalenes R/L					
d. Sidelying Rotation					
Scapular Protraction w/ collapse -- Plantigrade					
Other:					



Patient Name: Beverly Bequeath-Coleman Next MD Visit:

Cervicothoracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises					
Seated Posture Exercise/ w/ chin-tuck	3x/min	3x/min			
Chin Tuck (A) Supine w/ roll					
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch	5x15sec	5x15sec			
Chest/Biceps Stretch	10x10sec	10x10sec			
Neck Sidebending ROM/ w/ chin tuck					
Neck Rotation ROM/ w/ chin tuck					
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone 5-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ all arms					
Prone Press-ups					
Quadruped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	3x10sec	3x10sec			
Shoulder Circles (no weights!)					
Scapular Depression					

OVER →

p 1 of 2



Patient Name: *Beverly Bequeath-Collom* Next MD Visit:

	Date	Date	Date	Date	Date
Cervicothoracic Exercises	8/29/13	9/16/13			
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises					
Seated Posture Exercise/ w/ chin-tuck	3x/min	3x/min			
Chin Tuck (A) Supine w/ roll					
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch	5x/15sec	5x/15sec			
Chest/Biceps Stretch	10x/10sec	10x/10sec			
Neck Sidebending ROM/ w/ chin tuck					
Neck Rotation ROM/ w/ chin tuck					
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone 5-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ alt. arms					
Prone Press-ups					
Quadruped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	3x/10sec	3x/10sec			
Shoulder Circles (no weights!)					
Scapular Depression					

OVER →

p 1 of 2



Lumbosacral Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Lower Extremity/ Functional				2/15/13	
Wall Slides w/ Pelvic Tilts					
Knee to Waist Lift					
Floor to Waist Lift					
4-Point					
Arm Raises w/ TrA					
Leg Raises w/ TrA					
Alt. Arms & Legs w/ TrA				3x10 (3 sets)	
Multifidus Exercise					
Stationary Bike					
UBE					
Treadmill					
Blood Pressure					
Bridging					
Wide BOS w/ arms/TrA/Ball Squeeze					
Wide BOS no Arms					
Narrow BOS no Arms					
Bridge on Ball					
Prone					
Dry Swim - Legs only					
Dry Swim					
Superman / on ball					
Reverse Hyperextension					
Williams Flexion Exercises					
Abdom. Curls - Fwd w/ PT					
Abdom. Curls - R&L w/ PT					
Other:					



Patient Name: Beverly Begeeth Colom Next MD Visit:

Lumbosacral Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
• Piriformis Stretch					
Reverse Piriformis Stretch					
HS Stretch -- Supine					
-- Modified					
Castro Stretch wall/wedge					
Hip Flexor Stretch (Prone)					
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets					
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows					
Prone on Elbows w. alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnu/Ball Wide BOS, TrA					
Pnu/Ball Narrow BOS					
-- Eyes Closed					
-- Arm Movements EO / EC					
Pnu/Ball Leg Marching					
-- Eyes Closed					
-- Arm Movements EO / EC					
Supine					
Basic TrA with Kegel	3x/min	3x/min	3x/min	3x/min	
-- w/ arm raises					
-- alt legs w/ pelvic tilt and arm support	10x	10x	10x	10x	
-- alt legs on pelvic tilt, resist w/ hand	10x 5sec	10x 5sec	10x 5sec	10x 5sec	
-- w/ arm raise & legs (Dead Bug)					
Hip ADD&ABD (Pull and Squeezes)	3x10(5sec)	3x10(5)	3x10(5)	3x10(5sec)	

+Bridge

20P2



Cervicothoracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Scapulothoracic Stabilization (standing)					
Rowing w/ Tband -or- Cable Col.	3x10 (5sec)	3x10 (5sec)	3x10 (7-)	3x10 (10sec)	
Hi-Lo Rowing w/ Tband -or- CC					
Extension w/ TB (V)	3x10 (5sec)	3x10 (5sec)	3x10 (7-)	3x10 (10sec)	
Flexion w/ TB (I)					
Scaption w/ TB (Y)					
Horizontal Abd. w/ TB (T)					
Reciprocal Rowing w/ TB or TF					
Bilateral Diagonals					
Stretches					
a. Upper Trapezius R/L					
b. Levator Scapulae R/L					
c. Scalenes R/L					
d. Sidebending Rotation					
Scapular Protraction w/ collapse -- Plantigrade					
Other:					



Patient Name: Beverly Begeer with Colton Next MD Visit:

Lumbosacral Exercises	Date	Date	Date	Date	Date
	8/29/13	9/6/13	9/12/13		
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch					
Reverse Piriformis Stretch					
HS Stretch -- Supine					
-- Modified					
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Prone)					
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets					
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows					
Prone on Elbows w. alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnut/Ball Wide BOS, TrA					
Pnut/Ball Narrow BOS					
--Eyes Closed					
--Arm Movements EO/EC					
Pnut/Ball Leg Marching					
--Eyes Closed					
--Arm Movements EO/EC					
Supine					
Basic TrA with Kegel	3x/min	3x/min	3x/min		
--w/ arm raises					
--all legs w/ pelvic tilt and arm support					
Heel Walks	10x	10x	10x		
alt legs w/ pelvic tilt, rest to hip	✓ 10x5sec	10x5sec	10x5sec		
--w/ arm raise & legs (Dead Bug)					
Hip ADD&ABD (Pull and Squeezes)	3x10(5sec)	3x10(5)	3x10(5)		
+Bridge					

2092



Patient Name: Beverly Bequeath-Collom Next MD Visit:

	Date	Date	Date	Date	Date
Cervicothoracic Exercises	8/29/13	8/28/13	9/12/13	9/13/13	
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises					
Seated Posture Exercise/ w/ chin-tuck	3x/min	3x/min	3x/min	3x/min	
Chin Tuck (A) Supine w/ roll					
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch	5x15sec	5x15sec	5x15sec	5x15sec	
Chest/Biceps Stretch	10x10sec	10x10sec	10x10sec	10x10sec	
Neck Sidebending ROM/ w/ chin tuck					
Neck Rotation ROM/ w/ chin tuck					
Cervical Prone Lying w/ roll overhead					
Prone Pinches					
Prone 5-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd. (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ alt. arms					
Prone Press-ups					
Quadruped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (Lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	3x10 (10sec)	3x10 (10sec)	3x10 (10sec)	3x10 (10sec)	
Shoulder Circles (no weights!)					
Scapular Depression					

OVER →

p 1 of 2



Corvel Capture 10/15/2013

Patient Name: *Beverly Bequeath-Collom* Next MD Visit:

	Date	Date	Date	Date	Date
Cervicothoracic Exercises	<i>8/29/13</i>	<i>9/6/13</i>	<i>9/12/13</i>		
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises					
Seated Posture Exercise/ w/ chin-tuck	<i>3x/min</i>	<i>3x/min</i>	<i>3x/min</i>		
Chin Tuck (A) Supine w/ roll					
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch	<i>5x15sec</i>	<i>5x15sec</i>	<i>5x15sec</i>		
Chest/Biceps Stretch	<i>10x10sec</i>	<i>10x10sec</i>	<i>10x10sec</i>		
Neck Sidebending ROM/ w/ chin tuck					
Neck Rotation ROM/ w/ chin tuck					
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone 5-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr. w/ ER (W)					
Prone on Elbows w/ alt. arms					
Prone Press-ups					
Quadruped Arm Raises					
UBE / Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	<i>3x10 (open)</i>	<i>3x10 (close)</i>	<i>3x10 (10sec)</i>		
Shoulder Circles (no weights!)					
Scapular Depression					

O.C.E.R. →

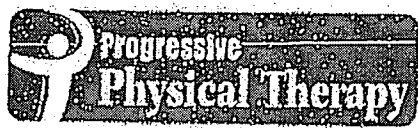
p 1 of 2



Cervicofloracic Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Scapulothoracic Stabilization (standing)					
Rowing w/ Tband -or- Cable Col.	3x10 (5sec)	3x10 (5sec)	3x10 (7-)		
Hi-Lo Rowing w/ Tband -or- CG					
Extension w/ TB (V)	3x10 (5sec)	3x10 (5sec)	3x10 (7sec)		
Flexion w/ TB (I)					
Scaption w/ TB (Y)					
Horizontal Abd w/ TB (T)					
Reciprocal Rowing w/ TB or TT					
Bilateral Diagonals					
Stretches					
a. Upper Trapezius R/L					
b. Levator Scapulae R/L					
c. Scalenes R/L					
d. Sidelying Rotation					
Scapular Protraction w/ collapse -- Plantigrade					
Other:					



Cervicothoracic Exercises	Date	Date	Date	Date	Date
	8/29/13	9/18/13	9/12/13	9/17/13	9/18/13
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Scapulothoracic Stabilization (standing)					
Rowing w/ Tband -or- Cable Col.	3x10 (5sec)	3x10 (5sec)	3x10 (7-)	3x10 (10sec)	3x10 (10sec)
Hi-Lo Rowing w/ Tband -or- CC					
Extension w/ TB (V)	3x10 (5sec)	3x10 (5sec)	3x10 (7sec)	3x10 (10sec)	3x10 (10sec)
Flexion w/ TB (I)					
Scaption w/ TB (Y)					
Horizontal Abd. w/ TB (T)					
Reciprocal Rowing w/ TB or TT					
Bilateral Diagonals					
Stretches					
a. Upper Trapezius R/L					
b. Levator Scapulae R/L					
c. Scalenes R/L					
d. Sidelying Rotation					
Scapular Protraction w/ collapse -- Plantigrade					
Other:					



Patient Name: Beverly Bequaeth Collom Next MD Visit:

Lumbosacral Exercises	Date	Date	Date	Date	Date
	8/29/13	9/6/13	9/12/13	9/13/13	9/18/13
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Traditional Stretches					
Piriformis Stretch					
Reverse Piriformis Stretch					
HS Stretch -- Supine					
-- Modified					
Gastroc Stretch wall/wedge					
Hip Flexor Stretch (Prone)					
-- Half-Kneeling					
Sidelying Rotation Stretch					
Figure 4 Stretch					
Stabilization Stretches					
Seated Posture Exercise					
Cat & Camel Stretch					
Pelvic Tilts					
Pelvic Clocks					
McKenzie Exercises					
Prone Glut Sets					
Prone pillows under abd.					
Prone lying					
Prone ext. pillows under abd.					
Prone on Elbows					
Prone on Elbows w/ alt arm raises					
POE W/ press-ups					
Standing Extension w/ gluts					
Seated					
Pnut/Ball Wide BOS, TrA					
Pnut/Ball Narrow BOS					
-Eyes Closed					
--Arm Movements EO/EC					
Pnut/Ball Leg Marching					
-Eyes Closed					
--Arm Movements EO/EC					
Supine					
Basic TrA with Kegel	3x/min.	3x/min.	3x/min.	3x/min.	3x/min.
--w/ arm raises					
--alt legs w/ pelvic tilt and arm support - heel walks	10x	10x	10x	10x	10x
--alt legs w/ pelvic tilt, resisted hip	10x5sec	10x5sec	10x5	10x5sec	10x5
--w/ arm raise & legs (Dead Bug)					
Hip ADD&ABD (Pull and Squeezes)	3x10(5sec)	3x10(5)	3x10(5)	5x10(5sec)	3x10(C)

+Bridge

p 2 of 2



Patient Name: Beverly Bequeath-Galloway Next MD Visit:

Cervicothoracic Exercises	Date	Date	Date	Date	Date
	8/29/13	8/28/13	9/12/13	9/13/13	9/16/13
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Basic-Level Exercises					
Seated Posture Exercise/ w/ chin-tuck	3x/1min	3x/1min	3x/1min	3x/1min	3x/1min
Chin Tuck (A) Supine w/roll					
Chin Tuck (B) Seated					
Chin Tuck (C) Standing w/ roll					
Wall Angels					
Corner Stretch	5x(15sec)	5x(15sec)	5x(15sec)	5x(15sec)	5x(15sec)
Chest/Biceps Stretch	10x(10sec)	10x(10sec)	10x(10sec)	10x(10sec)	10x(10sec)
Neck/Sidebending ROM/ w/ chin tuck					
Neck Rotation ROM/ w/ chin tuck					
Cervical Prone Lying w/ roll underhead					
Prone Pinches					
Prone S-way List					
a. Flexion (I)					
b. Scaption (Y)					
c. Horizontal Abd (T)					
d. Extension (V)					
e. Scap Retr w/ ER (W)					
Prone on Elbows w/ alt. arms					
Prone Press-ups					
Quadruped Arm Raises					
UBE/ Aerobic Exs:					
Blood Pressure					
Cervical Strengthening					
Neutral Isometrics:					
a. Extension					
b. Sidebending					
c. Rotation					
d. Flexion					
Isotonics (Lying)					
a. Retraction (prone)					
b. Sidebending (sidelying)					
Unilateral Shrugs					
Shoulder Shrugs	3x(10sec)	3x(10sec)	3x(10sec)	3x(10sec)	3x(10sec)
Shoulder Circles (no weight)					
Scapular Depression					

OVER →

p 1 of 2



Lumbosacral Exercises	Date	Date	Date	Date	Date
	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
Lower Extremity/ Functional				9/13/13	9/16/13
Wall Slides w/ Pelvic Tilts					
Knee to Waist Lift					
Floor to Waist Lift					
4-Point					
Arm Raises w/ TrA					
Leg Raises w/ TrA					
Alt. Arms & Legs w/ TrA				3x10 (3sec)	3x10 (5sec)
Multifidus Exercise					
Stationary Bike					
URE					
Treadmill					
Blood Pressure					
Bridging					
Wide BOS w/ arms/TrA/Ball Squeeze					
Wide BOS no Arms					
Narrow BOS no Arms					
Bridge on Ball					
Prone					
Dry Swim - Legs only					
Dry Swim					
Superman / on ball					
Reverse Hyperextension					
Williams Flexion Exercises					
Abdom Curls - Fwd w/ PT					
Abdom Curls - R&L w/ PT					
Other:					

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
18032278170 Phone / 18032278270 Fax

10/11/2013

BEVERLY BEQUEATH-COLLOM - 08/19/1947
- 52078

Lexington Office

HISTORY:

Ms. Collom is here for evaluation of some pain in her low back. She was apparently at a work conference at the local high school. This was back in July. She had a slip and irritated a variety of different areas of her body including her low back which she is here to discuss today. She has no numbness, no tingling, no weakness, no new onset incontinence, just some low back pain. To this point, she has not really done a tremendous amount for her back. It does not sound as though she has done a lot of therapeutic exercise. She has not had any shots, surgeries, steroid medication, etc. She has had pretty consistent back pain since this time but thankfully no real impressive radicular symptoms. She has continued to work as far as I know.

PAST MEDICAL, SURGICAL, FAMILY HISTORY, REVIEW OF SYSTEMS, MEDICATIONS, ALLERGIES, SOCIAL HISTORY: Please see the scanned Moore Intake Form dated October 11, 2013 and reviewed by me today in the clinic.

PHYSICAL EXAMINATION: In the standing position, the patient has some stiffness with forward flexion and extension. In the seated position, the patient has 5/5 plantar flexion/dorsiflexion, knee flexion/extension and hip flexion strength bilaterally. The patient has intact sensation to light touch and pressure bilaterally in the lower extremities in all dermatomes below the knees. The patient has symmetric Achilles and patellar tendon reflexes bilaterally. The patient has no tenderness with deep palpation of the spinous processes in the lumbar spine and no tenderness with deep palpation of the sacroiliac joints. The patient has negative straight-leg test in both lower extremities in the seated and supine position and has negative FABER exam on the left and the right in the supine position. In the seated position, the patient has no pain with internal/external rotation at the hip joints. There is no pain with deep palpation over the greater trochanteric bursa on the left or the right side. The patient walks with a nonantalgic gait, and on visual inspection, there is no impressive scoliosis on visual inspection. Well nourished 66-year-old female in no acute distress.

RADIOGRAPHS:

We did do a few pictures of the patient's back including AP, lateral, oblique views and a spot view. She has a very minimal amount of levoscoliosis with apex of the curvature at the thoracolumbar junction most notable on her AP film. On the oblique films, no overwhelming pathology. On the lateral films, she has some diffuse moderate degenerative disc disease, a little facet arthropathy, no impressive listhesis. Some of the fine details are obscured by bowel gas and soft tissue artifact.

PLAN:

I think she has some lumbar strain. I see no evidence of radiculopathy or any neurologic compromise. She has good mobility. We are going to start with a little bit of therapy. I will see her back after 10 visits of physical therapy. We are going to have

Continued

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
18032278170 Phone / 18032278270 Fax

10/11/2013

BEVERLY BEQUEATH-COLLOM - 08/19/1947
- 52078

Lexington Office

PLAN (continued):
appointment after 10 visits.

her nurse case manager monitor this and arrange her

David A. Scott, MD

CC List:

DAS:ats34

DD: 10/11/2013 DT: 10/12/2013 10:19:25

329585

This document was electronically authenticated by David A. Scott, MD on 10/15/2013 13:37:17.

**MOORE
Center**

Craig M. Buraworth, M.D.
Primary Care Sports Medicine

Jeffrey S. Hopkins, M.D.
Hip & Total Replacement

Michael W. Peelle, M.D.
Spine Surgery

W. Bret Smith, DO, MS
Orthopaedic Foot & Ankle

Kim J. Chilling, M.D.
Hip & Total Replacement

Michael P. Horan, M.D.
Children's Orthopaedics

Mickey F. Plymale, M.D.
Sports Medicine

W. Alarie Van Dam, M.D.
Musculoskeletal Medicine
& Electrodagnostic

John Clavel, M.D.
Musculoskeletal Medicine
& Electrodagnostic

Christopher R. Hydorn, M.D.
Children's Orthopaedics

Bradley P. Presnaj, M.D.
Hip & Total Replacement

Greg Mangione, PA-C, IMAS
Upper Extremity Surgery

William T. Felmy, M.D.
Spine Surgery

Mark D. Locke, M.D.
Children's Orthopaedics

Ryan M. Putnam, M.D.
Orthopaedic Foot & Ankle

David B. Fulton, M.D.
Hand, Upper Extremity Surgery

Earl B. McFadden, Jr., M.D.
Shoulder Surgery, Hand & Wrist Surgery

W. Alarie Van Dam, M.D.
Musculoskeletal Medicine
& Electrodagnostic

S. Wendell Holmes, Jr., M.D.
Sports Medicine, Arthroscopy, Cartilage Repair

Frank K. Naultin, III, M.D.
Sports Medicine, Arthroscopy
Shoulder & Knee Surgery

David A. Scott, M.D.
Primary Care Sports Medicine

REPORT OF MEDICAL EXAMINATION

BEVERLY BEQUEATH-COLLOM

Employee's Name

XXX-XX-7979

Social Security Number

SOUTH CAROLINA STATE ACCIDENT FUND

Employer/Carrier

10/11/13
Date of Office Visit

DAVID A. SCOTT, MD

Physician/Provider

[Signature]
Signature of Physician

RETURN TO WORK STATUS:

Regular Duties
Light Duties
Remain Out of Work

Date to Return: 10/11/13
Date to Return:
Duration:

PHYSICAL LIMITATIONS:

None
 No Walking or climbing
 No standing
 No prolonged standing
 No sitting
 No bending or stooping
 No twisting or stretching
 No change from previous status

Pushing and pulling limit lbs.
 Lifting and carrying limit lbs.
 Sedentary duties only
 No kneeling, squatting, crawling
 No work involving arm/hand
 No overhead work
 No work at heights
 Other:

FOLLOW UP:

Days
 Weeks
 Months
 PRN
 Discharged with permanent limitations above
 Next Appointment: 4-6 wks

Copy of office note to follow.

114 Gateway Corporate Blvd • Suite 110 • Columbia, South Carolina 29203 • (803) 227-8000
14 Medical Park • Suite 200 • Columbia, South Carolina 29203 • (803) 227-8000
104 Saluda Pointe Drive • Lexington, South Carolina 29272 • (803) 227-8000
4721A Sunset Blvd • Lexington, South Carolina 29072 • (803) 227-8007

For Office Use:
 Acct. # 52078 Chart # 184902 Provider: DAVID A. SCOTT, MD Today's Date:

The Moore Orthopaedic, P.A. Patient Info: (Please Print)

Last Name: BEQUEATH-COLLOM First: BEVERLY MI: A Male Female (Circle one)

Address: 564 VILLAGE CHURCH DRIVE Apt: Homephone # (803) 781-7829 Mobile # (803) 467-5234

City: CHAPIN State: SC Zip Code: 29036 Email: bcollo@mooreortho.com Work: DOB: 08/19/1947 Age: 66 YR SSN: 207367879 Weight: 130 Height: 5'5"

Marital Status: Single Married Widowed Divorced Separated

Place of Employment: SCDE Occupation: Educator

Name of School (if minor): _____ Are you an athlete? _____

Phone # (803) 345-1956

In the event of an Emergency, Please call: DAN MORGAN

IS THIS A WORKER'S COMPENSATION CLAIM? Yes / No (Circle One)..... If yes, Please skip the insurance section.

Primary Insurance Name: _____ Policy Holder Name: _____ Insured's DOB: _____
 Policy # (including alpha prefix if applicable): _____ Insured's Home Tele #: _____ Insured's Work Cell #: _____
 Place of Employment: _____ Relationship to Patient: _____

Secondary Insurance Name: SOUTH CAROLINA STATE ACCIDENT FUND Policy Holder Name: DEPT OF EDUCATION Insured's DOB: _____
 Policy # (including alpha prefix if applicable): _____ Insured's Home Tele #: _____ Insured's Work Cell #: _____
 Place of Employment: _____ Relationship to Patient: _____

Give Full Name of Referring Physician Jawahar Swaminathan, MD Phone # (____) _____

List Body Part(s) you are being seen for today? back, hip, neck Left or Right (circle one)

Have you been treated/seen for the present problem? Yes if yes, by whom? Progressive Therapy + Dr. Swaminathan

Have You had x-rays? Yes If yes then when? _____ Do you have them today? Yes

When did the injury occur? July 12, 2013 Where? Elgin Middle School Cafeteria

Describe the pain: (Check all that apply) On a scale of 1-10 (10 being the worst) Please Rate your pain: 4-5

Sharp Dull Burning Intermittent Constant One Area Multiple Areas

What makes the problem worse? lifting, standing, sitting for long periods of time Better: Medicine, Rest

What treatment have you had? None Medicine Physical Therapy

Surgery _____ Other: _____

Did any of the treatment Help? Yes Yes, but it came back Partially No

When does the pain occur? (check all that apply) Morning During the day After work Take medicine 2-3 times a day and helps for awhile

At Night All the time List Other: _____

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION BY THE MOORE ORTHOPAEDIC CLINIC, P.A., AS NECESSARY TO PROCESS ANY INSURANCE CLAIM AND REQUEST PAYMENT OF BENEFITS TO THE MOORE ORTHOPAEDIC CLINIC FOR SURGERY, FRACTURE FEE OR ANY UNPAID BILLS.

Signature: Beverly Bequeath Collo Relationship to Patient: _____ Date: 10/16/2013

Name: Bequeath-Collom,  MOORE CENTER
FOR ORTHOPEDICS
Acct#: 52078
Date: 10/11/2013 Age: 66y



The American Recovery and Reinvestment Act of 2009 requires that hospitals and physicians alike begin collecting information on race, ethnicity, and language beginning May 1, 2012. The information below will be reported to the federal government and analyzed in conjunction with patient feedback to determine everyone is receiving the same quality care.

Please check only **ONE** option in each category, choose the most applicable.

RACE:

- | | |
|--|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Decline |
| <input checked="" type="checkbox"/> Caucasian or White | |

ETHNICITY:

- | | |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input checked="" type="checkbox"/> Non Hispanic or Latino |
| <input type="checkbox"/> Decline | |

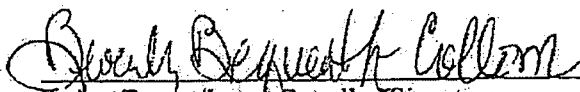
PREFERRED LANGUAGE: (based on 2009 South Carolina Census)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean |
| <input checked="" type="checkbox"/> English | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian |
| <input type="checkbox"/> German | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Gujarathi | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Decline |
| <input type="checkbox"/> Italian | |

SMOKING STATUS:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Current Everyday Smoker | <input type="checkbox"/> Never Smoker |
| <input type="checkbox"/> Current Some Day Smoker | <input type="checkbox"/> Decline |
| <input checked="" type="checkbox"/> Former Smoker | |

Please inform us if you would like to request a translator.


Patient/Parent/Legal Guardian Signature

10/11/2013
Date

Name: Bequeath-Collom, **MOORE CENTER**
 Acct#: 52078 FOR ORTHOPEDICS
 Date: 10/11/2013 Age 66y



PATIENT MEDICAL HISTORY FORM

Allergies (Please check all applicable boxes)

Latex Shellfish Morphine Codeine Clindamycin Sulfa
 Iodine Penicillin Demerol Novocain Motrin Aspirin
 X-ray dye, IVP dye, or Gadolinium Band-aids/Tape Other _____
 Amoxicillin Egg None

Please list all medications including how much and how often

	Dose/Mg		Dose/Mg
Acid Reflux			

Review of Systems (Please check all applicable boxes)

Do you presently have the following problems?

Headaches Chest Pain Numbness Leg Swelling Rashes Problems Sleeping
 Watery Eyes Indigestion Weakness Seizures Incontinence Shortness of Breath
 Blurry Vision Joint Pain Anxiety Skin Ulcers Joint Swelling Burning with urination
 Double Vision Diarrhea Wheezing Cough Fainting Spells
 Constipation Other _____
 None

Medical Illnesses/Procedures (Please check all applicable boxes)

High Blood Pressure Liver Disease Arthritis Stomach Ulcers
 Cancer Depression Heart Disease Asthma
 Diabetes Stroke Blood Clots in legs Kidney Disease
 HIV None

Family History (Please check all applicable boxes)

High Blood Pressure Diabetes Bleeding Problems Heart Disease
 Arthritis Depression Osteoporosis Cancer type _____
 Other stones
 None

Surgical History (Please check all applicable boxes)

Heart Surgery Abdominal Joint Replacement (Hip, Shoulder or Knee)
 Appendectomy Spine Surgery Arthroscopy (Hip, Shoulder, Knee, Wrist or Elbow)
 Hysterectomy Mastectomy Gall Bladder Removed
 Tonsillectomy Brain Uterus _____
 None

Social History (Please check all applicable boxes)

Do you smoke? No Yes How Much? _____
 Do you drink alcohol? No Yes How Much? Social 1-2 glasses
 Single Married Separated Divorced Widowed Occupation: Educator

Patient/Guardian Signature: Bequeath-Collom Date: 10/11/2013
 Physician Signature: [Signature] Date: 10/11/13

VITAL SIGNS (TO BE COMPLETED BY A HEALTHCARE PROVIDER)

Pulse: _____ Respirations: _____ Blood Pressure: _____ / _____
 Height: _____ Weight: _____

Reviewed By: _____ Reviewed By: _____ Reviewed By: _____
 Date: _____ Date: _____ Date: _____

52078

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

Name: BequeathCollom, Beverly A
Patient ID: 186499
DOB: 08/19/1947
Acc#: 727046
Patient Phone #: (803) 941-7180

Exam Date: 11/22/2013
Exam: MRI L-spine wo contrast
Reason: LUMBAGO (724.2)
Referrer: Scott, David

PROCEDURE: MRI lumbar spine without contrast, initial exam

CLINICAL HISTORY: Low back pain

TECHNIQUE: 4 mm sagittal and axial T1 and T2 images were obtained.

FINDINGS: There are 5 lumbar vertebral segments with normal anatomic alignment of the lumbosacral and distal 3 thoracic spine segments without fracture deformity, bone destruction, or evidence of underlying inflammatory or neoplastic disease. The diameter of the spinal canal is normal without congenital stenosis. A mild narrowing of the L4-5, L3-4, and L2-3 discs is noted with changes of disc desiccation without reactive adjacent vertebral endplate marrow changes. Mild symmetric circumferential bulges of the annuli at all 3 levels is noted with moderate productive facet changes and thickening of ligamentum flavum at the L4-5 level, mild to moderate productive facet changes and thickening of the ligamentum flavum at the L3-4 level, and mild productive facet changes at the L2-3 level, without disc herniation, spondylolisthesis, or significant central or foraminal stenosis at any of these 3 levels. The L5-S1, L1-2, and distal 4 thoracic discs and adjacent vertebral segments are unremarkable. The intradural, retroperitoneal, and surrounding paraspinal soft tissues, muscles and neurovascular structures are unremarkable.

IMPRESSION: (1) Degenerative disc narrowing with mild circumferential bulging annuli with productive facet and ligamentous changes at the L2-3, L3-4, and L4-5 levels are noted without disc herniation or significant spinal stenosis at any of these 3 levels.

(2) The L5-S1, L1-2, and distal 4 thoracic discs and adjacent vertebral segments are unremarkable.

Martin P. Dommers, M.D.
Electronic Signature
Date Finalized: 11/22/2013

DD: 11/22/2013 DT: 11/22/2013

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
18032278170 Phone / 18032278270 Fax

12/06/2013

BEVERLY BEQUEATH-COLLOM - 08/19/1947
- 52078

Lexington Office

PLAN (continued):

see her back for these things at any time. I do not recall hearing a tremendous amount about those on our initial visit.

David A. Scott, MD

CC List: WKC Adjuster

DAS:ats65

DD: 12/07/2013 DT: 12/09/2013 09:16:00
342412

This document was electronically authenticated by David A. Scott, MD on 12/09/2013 14:01:51.

**MOORE
Center**

Craig M. Burnworth, M.D.
Primary Care Sports Medicine

Jeffrey S. Hopkins, M.D.
Hip & Total Replacement

Michael W. Peelle, M.D.
Spine Surgery

W. Bret Smith, DO, MS
Orthopaedic Foot & Ankle

Kim J. Chilling, M.D.
Hip & Total Replacement

Michael P. Horan, M.D.
Children's Orthopaedics

Mickey F. Plymale, M.D.
Sports Medicine

W. Alaric Van Dam, M.D.
Musculoskeletal Medicine
& Electrodiagnostics

John Clavel, M.D.
Musculoskeletal Medicine
& Electrodiagnostics

Christopher R. Hydorn, M.D.
Children's Orthopaedics

Bradley P. Fresnal, M.D.
Hip & Total Replacement

Greg Mangione, PA-C, IMAS
Upper Extremity Surgery

William T. Reimly, M.D.
Spine Surgery

Mark D. Loeki, M.D.
Children's Orthopaedics

Ryan M. Pittman, M.D.
Orthopaedic Foot & Ankle

David B. Fulton, M.D.
Hand, Upper Extremity Surgery

Earl B. McEdden, Jr., M.D.
Shoulder Surgery, Hand & Microsurgery

W. Alaric Van Dam, M.D.
Musculoskeletal Medicine
& Electrodiagnostics

S. Wendell Holmes, Jr., M.D.
Sports Medicine, Arthroscopy, Cartilage Repair

Frank K. Noojin, III, M.D.
Sports Medicine, Arthroscopy
Shoulder & Knee Surgery

David A. Scott, M.D.
Primary Care Sports Medicine

REPORT OF MEDICAL EXAMINATION

BEVERLY BEQUEATH-COLLOM

Employee's Name

XXX-XX-7979

Social Security Number

SOUTH CAROLINA STATE ACCIDENT FUND

Employer/Carrier

12/6/13
Date of Office Visit

DAVID A. SCOTT, MD

Physician/Provider

[Signature]
Signature of Physician

RETURN TO WORK STATUS:

Regular Duties
Light Duties
Remain Out of Work

Date to Return: 12/6/13
Date to Return:
Duration:

PHYSICAL LIMITATIONS:

None
 No Walking or climbing
 No standing
 No prolonged standing
 No sitting
 No bending or stooping
 No twisting or stretching
 No change from previous status

Pushing and pulling limit lbs.
 Lifting and carrying limit lbs.
 Sedentary duties only
 No kneeling, squatting, crawling
 No work involving arm/hand
 No overhead work
 No work at heights
 Other:

FOLLOW UP:

Days
 Weeks
 Months
 PRN
 Discharged with permanent limitations above
 Next Appointment: 0/1/13

Copy of office note to follow.

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
18032278170 Phone / 18032278270 Fax

12/23/2013 BEVERLY BEQUEATH-COLLOM - 08/19/1947 Lexington Office
- 52078

HISTORY: Ms. Collom is back today for evaluation of her cervical spine. She is a Workers' Compensation patient. I saw her for other issues. Today she is coming on private insurance to get her neck evaluated. She notes that the neck started hurting after her initial work-related injury, which I believe was in July. She has some stiffness, also has some tingling in her right thumb and some discomfort in her neck.

PAST MEDICAL, SURGICAL, FAMILY HISTORY, REVIEW OF SYSTEMS, MEDICATIONS, ALLERGIES, SOCIAL HISTORY: Please see the scanned Moore Intake Form dated October 11, 2013 and reviewed by me today in the clinic.

PHYSICAL EXAMINATION: The patient has stiffness with range of motion in the cervical spine with respect to neck flexion/extension and rotation to the left and to the right. Spurling's examination on the left and on the right does not recreate any radiating symptoms in either upper extremity. The patient has no impressive discomfort with deep palpation of the paraspinal muscles or the spinous processes up the midline. The patient has 5/5 functional grip, wrist flexion/extension, elbow flexion/extension, shoulder flexion/abduction strength. The patient has a negative Hoffmann's in both upper extremities. The patient has intact sensation to light touch and pressure in all dermatomes bilaterally in the upper extremities. The patient can make a good OK sign on each hand that I cannot break. The patient has a negative Tinel's at the right and left wrist and elbow. She is a well-nourished 66-year-old female in no acute distress.

RADIOGRAPHS: We did do a few views of the patient's cervical spine. AP, lateral and oblique views do show some modest degenerative changes in the lower cervical segments and some anterior spurring throughout. No listhesis. No impressive signs of fracture, dislocation or other bony abnormality.

PLAN: We are going to try a short burst of a little oral steroid medication and also a little bit of dedicated cervical spine physical therapy. I will see her back in a few weeks and we will go from there. I made her aware of the risks of avascular necrosis of the bone, specifically the hip bone. She understands that risk. I will see her back in a couple of weeks.

David A. Scott, MD

CC List:

DAS:ats65

DD: 12/23/2013 DT: 12/24/2013 05:55:58

346285

This document was electronically authenticated by David A. Scott, MD on 12/24/2013 14:05:40.

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Lexington, South Carolina 29072
18032278170 Phone / 18032278270 Fax

01/20/2014 BEVERLY BEQUEATH-COLLOM - 08/19/1947 Lexington Office
- 52078

HISTORY: Ms. Collom is back for evaluation today. She has done at least half her regimen of physical therapy, at least six visits or so for her neck. She notes her neck is 40% better. She has some radicular type sensations in her hand which are not getting better. With regard to her back, her back is at least 80% better. Her neck still has a modest amount of discomfort.

PAST MEDICAL, SURGICAL, FAMILY HISTORY, REVIEW OF SYSTEMS, MEDICATIONS, ALLERGIES, SOCIAL HISTORY: Please see the scanned Moore Intake Form dated October 11, 2013 and reviewed by me today in the clinic.

PHYSICAL EXAMINATION: The patient has some stiffness in the cervical spine with respect to neck flexion/extension and rotation to the left and to the right. Spurling's examination on the left and on the right does not recreate any radiating symptoms in either upper extremity. The patient has no impressive discomfort with deep palpation of the paraspinal muscles or the spinous processes up the midline. The patient has 5 out of 5 functional grip, wrist flexion/extension, elbow flexion/extension, shoulder flexion/abduction strength. The patient has a negative Hoffmann's in both upper extremities. The patient has intact sensation to light touch and pressure in all dermatomes bilaterally in the upper extremities. The patient can make a good okay sign on each hand that I cannot break. The patient has a negative Tinel's at the right and left wrist and elbow. She is a well nourished 66-year-old female in no distress.

RADIOGRAPHS: No new imaging.

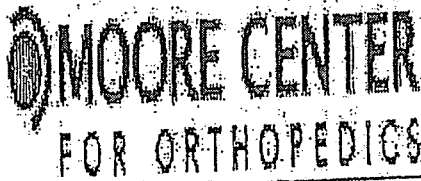
PLAN: We are going to go ahead and just get the MRI of her cervical spine at this point. She still has some radicular symptoms, she still has neck pain. She has done at least six to seven visits of therapy with modest success. I will see her back when the MRI is complete and we will move forward from there.

David A. Scott, MD

CC List: Melton Stuckey, MD

DAS:ats35
DD: 01/20/2014 DT: 01/21/2014 13:05:00
351114

This document was electronically authenticated by David A. Scott, MD on 01/22/2014 15:17:03.



Moore Center For Orthopedics
4721A Sunset Boulevard
Lexington 29072
Phone: (803)227-8007

Name: BEVERLY BEQUEATH -COLLOM Exam Date: 1/23/2014
Patient ID: MOC52078 Exam: MRI C-SPINE W/O CONTRAST
DOB: 8/19/1947 Reason: 723.4 - BRACHIAL NEURITIS NOS
Phone: Referrer: David Scott, M.D.
Acc#: 208196 Referrer 2: Orthopaedics Moore

Results

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

INDICATION: Right cervical radiculopathy.

COMPARISON: 12/23/13 plain film.

TECHNIQUE: Standard MRI of the cervical spine was performed without contrast.

FINDINGS:

Evaluation of the osseous structures demonstrates moderate to severe loss of disc space height at C6-7. There is moderate loss of disc space height at C5-6. I see no fracture or bony destruction. There is no cord signal abnormality noted. I see no paraspinal inflammatory change.

There is heterogeneous enlargement of the thyroid gland, right greater than left.

C2-3: Normal.

C3-4: Normal.

C4-5: Minimal diffuse disc osteophyte complex. There is minimal central stenosis and no more than mild foraminal stenosis.

C5-6: There is a diffuse disc osteophyte complex asymmetric to the right, with a superimposed right foraminal disc osteophyte protrusion. There is severe right and moderate to severe left foraminal stenosis. There is mild to moderate central canal stenosis.

C6-7: There is diffuse disc osteophyte complex which appears symmetrical. There is moderate central canal stenosis. There is moderate to severe bilateral foraminal stenosis.

C7-T1: Normal.

IMPRESSION:

1. Degenerative disc disease cervical spine most pronounced at C5-6 and C6-7. Central canal stenosis is no more than moderate, most pronounced at C6-7. Foraminal stenosis is worse at C5-6 on the right where the foraminal stenosis appears severe.
2. Heterogeneous appearance of the thyroid gland for which I would suggest this patient have follow-up thyroid ultrasound.

Matthew J. Taffoni, M.D.
Radiologist
PITTS RADIOLOGY
Transcribed by: MSB

Report Electronically Signed by: Matthew Taffoni M.D.
Report Signed on: 1/27/2014

Pt. Name:	BEVERLY BEQUEATH- COLLUM	Exam:	MRI C-SPINE W/O CONTRAST
Patient ID:	MOC52078	Acc:	208196
Completed Date:	1/23/2014 8:28:00 AM	Interpreting Rad:	Matthew Taffoni M.D.
Transcribed By:	Melissa Brown	Dictated Date:	1/24/2014
Transcribed Date:	1/24/2014 11:44:53 AM	Finalized Date:	1/27/2014

Moore Orthopaedics
104 Saluda Pointe Drive
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01/27/2014 BEVERLY BEQUEATH-COLLOM - 08/19/1947 Lexington Office
- 52078

HISTORY: Ms. Collom is back today for evaluation of her cervical spine. She had some cervical symptoms that just were not getting much better, so we ordered an MRI of her cervical spine to evaluate some of this discomfort. She is feeling as though this is all stemming from a work-related fall I believe back in July. She has some paresthesias in her right hand as well. So, we did an MRI of her neck. She is back for re-evaluation.

PAST MEDICAL, SURGICAL, FAMILY HISTORY, REVIEW OF SYSTEMS, MEDICATIONS, ALLERGIES, SOCIAL HISTORY: Please see the scanned Moore Intake Form dated October 11, 2013 and reviewed by me today in the clinic.

PHYSICAL EXAMINATION: The patient has stiffness with flexion/extension and rotation to the left and to the right. Spurling's examination on the left and on the right does not recreate any radiating symptoms in either upper extremity. The patient has no impressive discomfort with deep palpation of the paraspinal muscles or the spinous processes up the midline. The patient has 5 out of 5 functional grip, wrist flexion/extension, elbow flexion/extension, shoulder flexion/abduction strength. The patient has a negative Hoffmann's in both upper extremities. The patient has intact sensation to light touch and pressure in all dermatomes bilaterally in the upper extremities. The patient can make a good okay sign on each hand that I cannot break. The patient has a negative Tinel's at the right and left wrist and elbow. Well nourished 66-year-old female in no distress.

RADIOGRAPHS: The MRI report does show some right sided neuroforaminal stenosis at the C5-6 level, less impressive at the C6-7 level.

PLAN: The patient has tried plenty of time. She has done therapy. She has tried oral steroids. She is still having symptoms. I am going to have her see one of my interventional colleagues for an evaluation appointment. I will be happy to see her back at their discretion for her neck or back. Right now, she will be a p.r.n. She decided not to make an appointment for her lumbar spine. The patient notes she did not want to make an appointment for her lumbar spine exam because her lumbar spine was feeling better. She specifically declined any follow up. She does want to see one of my colleagues for her neck, however.

David A. Scott, MD

CC List: Melton Stuckey, MD

DAS:ats34

DD: 01/27/2014 DT: 01/28/2014 14:07:02
352581

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MOORE CENTER FOR ORTHOPEDICS

Moore Center for Orthopedics
104 Saluda Pointe Dr.
Lexington, SC 29072
(803)227-8127/ Fax: (803)227-8227

01/31/2014 Beverly Bequeath-Collom - 08/19/1947 - 52078

CHIEF COMPLAINT: NECK PAIN AND ARM PAIN.

HISTORY: Beverly Bequeath-Collom is a pleasant 66-year-old educator who presents at the request of Dr. Scott with a chief complaint of neck pain and arm pain. On the pain diagram, it is diffuse neck pain, periscapular pain, pain extending down the arms with numbness and paresthesias in the right hand. Pain is aching in character, 6-8/10 in severity, present for three to four months' duration, aggravated with sitting for prolonged periods of time, especially bad when sitting at her computer station. Alleviating factors include heat, ice, physical therapy, and ultrasound. She has taken Aleve p.r.n. as NSAID of choice. She has also done cervical traction which has been helpful and also has taken Sterapred pack for treatment in the past.

She states her neck pain is 70% of her problems. Arm pain is the rest of her difficulties. Again, neck 70%, arm 30%.

REVIEW OF SYSTEMS: Denies ataxic gait. Denies bowel or bladder incontinence.

PAST MEDICAL HISTORY: Past medical history form reviewed, signed and scanned into SRS.

RADIOGRAPHS: The cervical plain films from 12/23/2013 reviewed. AP projections show normal coronal alignment with spinous processes midline. There is facet arthropathic changes notably at C3-4 and C4-5 on the left. Lateral projections demonstrate spondylotic changes most pronounced at C6-7. Oblique projections demonstrate foraminal narrowing at the left C6-7 level and the right C6-7 level.

Cervical MRI from the Moore Clinic scanner, personally reviewed, this is dated 01/23/2014. Notable findings include degenerative changes most pronounced at C6-7 and at C5-6. At C6-7, there is moderate central stenosis as well as moderate-to-severe bilateral neuroforaminal stenosis. At C5-6, there is severe right-sided neuroforaminal stenosis and moderate left neuroforaminal stenosis.

PHYSICAL EXAMINATION:
Constitutional: Thin-appearing female, not in acute distress.

MOORE CENTER FOR ORTHOPEDICS

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104 Saluda Pointe Dr.
Lexington, SC 29072
(803)227-8177 / Fax (803)227-8036

01/31/2014 Beverly Bequeath-Collom - 08/19/1947 - 52078

Musculoskeletal: Palpation of the cervicothoracic spine demonstrates diffuse tenderness along the paraspinals. Cervical motion, chin-to-chest with discomfort, extension causes her even more discomfort. Limited lateral rotation again with discomfort and pain with restricted motion with lateral movement of the neck.

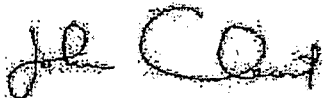
Neurological: Light touch sensation intact to bilateral upper extremities with exception of some paresthesias. Subjective reports of paresthesias in the digits 2 and 3 on the right. 5/5 strength to bilateral upper extremities. No extremity atrophy or asymmetry. 1/4 and symmetric upper extremity DTRs. Positive Spurling's bilaterally. Negative Hoffmann's bilaterally. No difficulties with tandem gait testing.

IMPRESSION:

1. Cervical spondylosis.
2. Cervical stenosis.

PLAN: Ms. Collom continues to have difficulties despite extensive measures as above to include NSAIDs, Sterapred, physical therapy, cervical traction, and so forth. I think at this stage, it would be reasonable to proceed with a CESI for therapeutic benefit. We will also give her tramadol as a second line agent. She will continue Aleve over-the-counter as a first line agent. I have instructed her not to operate heavy machinery, drive, work, or consume sedating medications while taking tramadol. We will also get her set up with a cervical soft collar for limited p.r.n. use.

Sincerely,



Dictated by: John Clavet, M.D.

Moore Center for Orthopedics
114 Gateway Corporate Blvd.
Columbia, SC 29203
(803)227-8127/(803)227-8227 Fax

Patient Name: Beverly Bequeath-Collom **Patient ID:** 52078 **Date of Birth:** 8-19-1947
Date: 2/10/2014

PRE-PROCEDURE DIAGNOSIS: CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY

POST PROCEDURE DIAGNOSIS: SAME

PROCEDURE PERFORMED: C7/T1 INTERLAMINAR EPIDURAL CORTICOSTEROID INJECTION

REFERRING PHYSICIAN: Dr. Clavet

PHYSICIAN: John Clavet, MD

ANESTHESIA: 1% Local Lidocaine

COMPLICATIONS: NONE

PROCEDURE DESCRIPTION: After written informed consent was obtained, the patient was taken to the fluoroscopic suite and placed in a prone position. Timeout was performed. The skin was prepped in a normal sterile fashion using Betadine. Initial fluoroscopic image of the C7/T1 region was obtained. A 25-gauge needle was used to anesthetize the skin with 4cc of 1% Lidocaine. Then an 18 gauge 3 1/2 inch Touhy needle was advanced to the T1 lamina and then moved cephalad and toward the midline C7/T1 interlaminar segment. Once loss of resistance was noted a lateral fluoroscopic image was obtained and 2cc of Omnipaque was injected revealing translaminar flow and an epidurogram without vascular uptake. Then 80mg of Depo-Medrol with 2cc of preservative free normal saline was injected. The patient tolerated this procedure well and no complications occurred.

PLAN: The patient was given post procedure instructions and will follow up with Dr. Clavet to establish further plan of care.

John Clavet, MD

CC List:

JC:al

This document was electronically authenticated by John Clavet, MD on 2/10/2014

MOORE CENTER FOR ORTHOPEDICS

Moore Center for Orthopedics
104 Saluda Pointe Dr.
Lexington, SC 29072
(803)227-8127/ Fax (803)227-8227

03/14/2014 Beverly Bequeath-Collom - 08/19/1947 - 52078

CHIEF COMPLAINT: NECK PAIN AND ARM PAIN.

HISTORY: Beverly Bequeath-Collom is a pleasant 66-year-old female who follows up after CESI for management of symptoms as described as above. Again on the pain diagram, diffuse neck pain, periscapular pain, pain going down the arm on the right to the hand with paresthesias in hand. Pain has been as bad as an 8/10 in severity, worse with the stationary sitting, particularly at work present for approximately six to eight months' duration. As previously described, she has done physical therapy, topical heat, ice, NSAIDs, cervical traction. We ultimately had her set up for CESI, which has helped significantly. This CESI was performed on 02/10/2014. She reports approximately 50 to 60% improvement in her neck pain and arm pain symptoms. Her paresthesias have improved which is terrific news. She still has some residual symptoms and is inquiring as to whether she needs to get a repeat injection. She recently had an extension approved by me for physical therapy as she does find this helpful. She does take a very limited amount of tramadol and finds that this makes her sedated but is only taking this at night.

REVIEW OF SYSTEMS: As above.

PAST MEDICAL HISTORY: Past medical history form reviewed, signed and scanned into SRS. No change since signing past medical history form on 01/31/2014.

RADIOGRAPHS: No new imaging.

PHYSICAL EXAMINATION:

Constitutional: Not in acute distress.
Musculoskeletal: Palpation of the cervicothoracic spine demonstrates right-sided paraspinal tenderness. She gets chin to chest. Limited lateral rotation with discomfort in both planes of motion and extension causes most discomfort.

Neurological: Light touch sensation intact to bilateral upper extremities. 5/5 strength in bilateral upper extremities. Positive Spurling's on the right. 1/4 and symmetric upper extremity DTRs.

 **MOORE CENTER**
FOR ORTHOPEDICS

Moore Center for Orthopedics
104 Saluda Pointe Dr.
Lexington, SC 29072
(803)227-8177 / Fax (803)227-8036

03/14/2014 Beverly Bequeath-Collom - 08/19/1947 - 52078

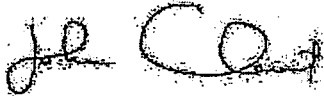
IMPRESSION:

1. Cervical spondylosis.
2. Cervical stenosis.

PLAN:

I am glad to hear that Ms. Collom has improved since her last CESI. She will continue her physical therapy with this recent extension that we have given her for another couple of weeks. She unfortunately did not tolerate cervical soft collar, so she can discontinue this. She did not find it terribly comfortable. She will continue Aleve and Tylenol as a first line agent. We will also get her set up for second CESI for some of her residual neck and arm discomfort. Again, I am encouraged by the progress, she has made thus far with our treatment course and I will go ahead and proceed with a second epidural.

Sincerely,

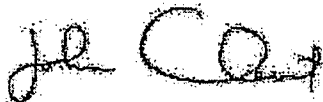


Dictated by: John Clavet, M.D.

Appended Transcription - Dictated on 3/14/2014 1:28:45 PM

ADDENDUM:

Cervical MRI also describes heterogeneity of the thyroid gland for which an ultrasound is recommended by our reading radiologist. This may have been something that Dr. Scott has already discussed with Ms. Bequeath-Collom. We will go ahead and inform her of those findings if she is not aware of them and that she should follow up with her PCP to work this up further with a possible ultrasound.



John Clavet, M.D.

Moore Center for Orthopedics
114 Gateway Corporate Blvd.
Columbia, SC 29203
(803)227-8127/(803)227-8227 Fax

Patient Name: Beverly Bequeath-Collom **Patient ID:** 52078 **Date of Birth:** 8-19-1947
Date: 4/7/2014

PRE-PROCEDURE DIAGNOSIS: CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY

POST PROCEDURE DIAGNOSIS: SAME

PROCEDURE PERFORMED: C7/T1 INTERLAMINAR EPIDURAL CORTICOSTEROID INJECTION

REFERRING PHYSICIAN: Dr. Clavet

PHYSICIAN: John Clavet, MD

ANESTHESIA: 1% Local Lidocaine

COMPLICATIONS: NONE

PROCEDURE DESCRIPTION: After written informed consent was obtained, the patient was taken to the fluoroscopic suite and placed in a prone position. Timeout was performed. The skin was prepped in a normal sterile fashion using Betadine. Initial fluoroscopic image of the C7/T1 region was obtained. A 25-gauge needle was used to anesthetize the skin with 4cc of 1% Lidocaine. Then an 18 gauge 3 1/2 inch Touhy needle was advanced to the T1 lamina and then moved cephalad and toward the midline C7/T1 interlaminar segment. Once loss of resistance was noted a lateral fluoroscopic image was obtained and 2cc of Omnipaque was injected revealing translaminar flow and an epidurogram without vascular uptake. Then 80mg of Depo-Medrol with 2cc of preservative free normal saline was injected. The patient tolerated this procedure well and no complications occurred.

PLAN: The patient was given post procedure instructions and will follow up with Dr. Clavet to establish further plan of care.

John Clavet, MD

CC List:

JC:nwb

This document was electronically authenticated by John Clavet, MD on 4/7/2014

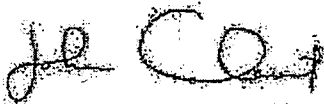
 **MOORE CENTER**
FOR ORTHOPEDICS

Moore Center for Orthopedics
104 Saluda Pointe Dr.
Lexington, SC 29072
(803)227-8127/ Fax (803)227-8227

04/07/2014 Beverly Bequeath-Collom - 08/19/1947 - 52078

Ms. Bequeath-Collom presents today for repeat CESI. We did discuss the incidental finding of the abnormal thyroid findings on a prior cervical MRI. She states that she is aware of that, that she actually has this monitored by an ENT specialist at the CENTA Group at Lexington. She does not recall the particular physician's name. When they looked into that last year, she reports that there were benign findings on the workup, but a repeat scan was supposed to be done in the last few months but she never followed up on that. She states that she will contact her ENT specialist to have this addressed further as it sounds like she is due for a repeat imaging.

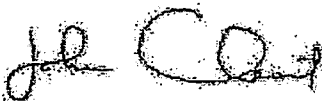
Sincerely,



Dictated by: John Clavet, M.D.

Appended Transcription - Dictated on 4/7/2014 12:17:05 PM


Please note postprocedure, the patient did develop some vasovagal symptoms. She was held for an additional hour with resolution of the symptoms. Postprocedure, blood pressure 134/83 and heart rate of 65. She was subsequently discharged with a friend who was acting as a driver and escort.



John Clavet, M.D.

Appended Transcription - Dictated on 4/7/2014 12:19:14 PM

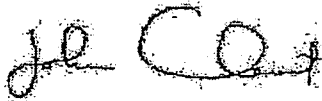
Again postprocedure, the patient was ambulating independently with resolution of vasovagal symptoms. Blood pressure 134/83 and heart rate of 65. She was subsequently discharged with her friend, who is driving her home today.



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04/07/2014 Beverly Bequeath-Collom - 08/19/1947 - 52078



John Clavet, M.D.



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05/16/2014 BEVERLY BEQUEATH-COLLOM - 08/19/1947 - 52078

CHIEF COMPLAINT

Neck pain and arm pain.

HISTORY OF PRESENT ILLNESS

Beverly Bequeath-Collom is a pleasant 66-year-old female, who is known to our clinic for management of cervical spine related difficulties, who presents today as a followup after her last CESI. This is actually her second cervical epidural injection. She reports about 50% pain improvement. Her radicular symptoms in her right arm are minimal at worst since the CESI. She still has some residual neck pain, can aggravate with turning her head and lifting things and alleviating factors, pain medications, and injections. She does take Advil p.r.n. and she has tramadol as a second line agent. Her pain in her neck at times can be as bad as 6/10 in severity, but overall has improved.

She is concerned that she has not been able to engage in some of her normal activities, traveling, ballroom dancing, and so forth and wanted to know if she is at point, which she tried to do some of those things and see how she feels with those activities.

She has been using traction. She finds that this helps a lot. She also finds that massage helps quite a bit. She has been doing physical therapy for some time now and has recently finished up.

REVIEW OF SYSTEMS

As above.

PAST MEDICAL HISTORY

Form reviewed, signed, and scanned into SRS on 01/31/2014 without changes

PHYSICAL EXAMINATION

Constitutional: Well-nourished and well-developed female, not in acute distress.

Musculoskeletal: Palpation of the cervicothoracic spine demonstrates tenderness more so along the mid cervical paraspinals.

Neurologic: Sensory and motor testing is intact in bilateral upper extremities. 1/4 symmetric in upper extremity. DTRs.

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05/16/2014 BEVERLY BEQUEATH-COLLOM - 08/19/1947 - 52078

IMPRESSION

1. Cervical spondylosis.
2. Cervical stenosis.

PLAN

I am glad to hear Ms. Collom has improved with the second epidural injection. She still has some residual neck pain that lingers, but radicular symptoms have improved. She is at a point, where she would like to get back to a normal routine doing some traveling over the summer and getting back to ballroom dancing. I think that will be okay as long as she monitors her pain levels and does not do anything that causes more than just mild discomfort. I did counsel her on when she travels not to do any excessive lifting, particularly overhead lifting. Regards to pain control, recommend a stepwise pain control with the over-the-counter analgesics. She can alternate between Tylenol Extra Strength and over-the-counter NSAIDs and use tramadol as a second line agent. She can also continue traction on a p.r.n. basis as long as this does not aggravate her symptoms. I will see her back in clinic in about two months. I did discuss that if overall symptoms worsen given her findings that we could consider surgical consultation. Again, given the fact that she seems to be in place where her pain is manageable with non-operative measures that will just observe for now. She will follow up in two months' time.

A handwritten signature in black ink that reads "John Clavet".

Dictated by: John Clavet, MD

JXC:20093

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07/11/2014 BEVERLY BEQUEATH-COLLOM - 08/19/1947 - 52078

CHIEF COMPLAINT

Neck pain.

HISTORY OF PRESENT ILLNESS

Beverly Collom is a pleasant 66-year-old female known to our clinic for management of neck pain and arm pain. She has cervical degenerative changes, most pronounced at C5-C6 and C6-C7 with accompanying stenosis. Difficulties include diffuse neck pain bilaterally and in the past has had radicular symptoms down the right arm. She has had numerous conservative care measures to include antiinflammatories, physical therapy, muscle relaxants, a couple of CESIs, and still has continued pain. Her radicular symptoms have improved, but still has quite a bit of neck pain that can be as bad as 8-9/10 in severity. She has had difficulties for one-year duration. Her pain is little bit better today, but again it fluctuates. Currently, it is 3/10 in severity and sharp in characteristic in neck and periscapular region bilaterally. Seems to be aggravated with sitting down and typing, lifting, and turning her neck. Alleviated with antiinflammatories, muscle relaxants, tractions, and CESI. She is at a point where she is frustrated with our inability to progress. She is unable to participate in her normal activities like gardening and ballroom dancing to the degree that she would like.

REVIEW OF SYSTEMS

Denies myelopathic symptoms.

PAST MEDICAL HISTORY

Past medical history form reviewed, signed, and scanned to SRS on 01/31/2014 without changes.

IMAGING

No new imaging. Again, prior cervical MRI from January 2014 notable for degenerative changes, most pronounced at C5-C6 and C6-C7. There is C6-C7 moderate canal stenosis with moderate-to-severe bilateral neural foraminal stenosis. There is also foraminal stenosis at C5-C6, right great than left.

PHYSICAL EXAMINATION

Constitutional: Not in acute distress.

Cardiovascular: 2+ peripheral pulses, well perfused, warm to touch.

Musculoskeletal: Palpation at the cervicothoracic spine demonstrates diffuse tenderness involving cervical paraspinals extending to the upper traps bilaterally. She

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07/11/2014 BEVERLY BEQUEATH-COLLOM - 08/19/1947 - 52078
does have pain with extension of the neck, gets chin to chest, and discomfort with lateral rotation in both planes of motion.
Neurologic: Light touch sensation intact in bilateral upper extremities, 5/5 strength in bilateral upper extremities, and 1/4 and symmetric upper extremity DTRs. Negative Hoffmann's. She has positive Spurling's on the right. Ambulates without ataxia. Tandem gait intact and normal.

IMPRESSION

1. Cervical spondylosis, C5-C6 and C6-C7.
2. Cervical stenosis.

PLAN

Unfortunately, Ms. Collom has not had sustained a satisfactory relief of her pain despite numerous conservative care measures, as noted above. It is impacting her quality of life and function. She would like to sit down and discuss things with a surgeon, which I think is reasonable to at least hash out what surgical options could be available to her. We have given her a refill on her Flexeril and tramadol to be used as second line agents. Recommend continued use of over-the-counter analgesics to include Aleve and Tylenol and topical heat and ice as first line agents. She will follow up with us for further management should she be deemed a nonoperative candidate.



Dictated by: John Clavet, MD

JXC:20006



Corvel Capture 1/7/2014

10071 Broad River Road
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Progress Note

Patient Name: Beverly A Bequeath Collom
 Diagnosis: 721.0 Cervical spondylosis w/o myelopathy
 721.3 Lumbosacral spondylosis w/o myelopathy
 Date Seen: 12/5/2013
 Referring Physician: Dave Scott, MD
 Date of Birth: 08/19/1947 (66 years old)

Subjective

Subjective Findings

Pt states she has continued pain cervical and lumbar spine. States she is frustrated with the continued pain. States she is able to do the "W" band ex at home. States "worker's comp wont allow therapist to do cervical mobilization or myofascial release."

Pain History

Pain Area	Current	Best	Worst
Cervical Spine	8/10	4/10	8/10
Lumbar Spine	4/10	3/10	8/10

Functional Status

Functional Activity	Status	Level
Walk	Mild Limitation	Current
Sitting	Severe Limitation	Current
Standing	Mild Limitation	Current
Stairs	Moderate Limitation	Current
Currently Working: Yes		

Objective

Today's Treatment

- Modality - IFC E-Stim w/ MHP cervical and lumbar regions
- Home Program Reviewed
- Ther Ex. per flow sheet added pelvic tilt with LE lifts for lumbosacral stabilization strengthening

Began with ther ex per flow sheet. Omitted several exs secondary to pt with skirt on with no change of clothes. Verbally reviewed HEP. Pt re-instructed pelvic tilt exs. Ended with IFES with heat.

Functional Testing

Test	Score	Impairment
Roland Morris	5	21

Comments Roland Morris - no change since initial visit.

Observation

Pt with good corrections lumbar and thoracic spine with verbal cues. Forward head with seated and standing positions.



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C-Spine

C-Spine - Active Range Of Motion

Motion	11/18/2013	12/5/2013
	AROM	AROM
Flexion	75 Percent	60 Percent
Extension	50 Percent	40 Percent
Right Sidebending	25 Percent	30 Percent
Left Sidebending	25 Percent	25 Percent
Right Rotation	50 Percent	80 Percent
Left Rotation	25 Percent	50 Percent

Patient relays continued pain with cervical and lumbar extension, cervical and lumbar rotation left, and cervical side bend right and left.

Elbow

Elbow - Muscle Testing

Measurement	11/18/2013		12/5/2013	
	Right Strength	Left Strength	Right Strength	Left Strength
Gross Rotator Cuff			5/5	5/5
Deltoid Middle			5/5	5/5
Tricep			5/5	5/5
Bicep Brachii			5/5	5/5

L-Spine

L-Spine - Active Range Of Motion

Motion	11/18/2013	12/5/2013
	AROM	AROM
Flexion	90 Percent	90 Percent
Extension	50 Percent	60 Percent
Sidebending Right	90 Percent	100 Percent
Sidebending Left	100 Percent	90 Percent
Hamstrings	100 Percent	100 Percent

L-Spine - Special Tests

Special Test	11/18/2013		12/5/2013	
	Right	Left	Right	Left
Straight Leg Raise	Negative	Negative	Negative	Negative
Forten Finger	Negative	Positive	Negative	Positive
Faber	Positive	Positive	Positive	Positive

Assessment

Descriptions

Evaluation has determined decrease in functional status for this patient.

Evaluation has found subjective and objective deficits that can be addressed by physical therapy intervention.

Subjective and objective measures are addressed by goals in the plan of care.

Patient / family are involved in the development of these goals.



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Patient / family are educated about current injury and treatment.

Will continue to address patients primary concern, which is her cervical pain, and limited ROM, which affects her ability to drive and sit at her desk and computer for work responsibilities. Will address lower back pain and develop a HEP for both. Have encouraged patient to talk with WKC and MD re: medical work up for cervical complaints.

Problem List

Problems

- Pain limits functional activities
- Decreased ROM preventing full functional activity
- Decreased strength limiting functional activities
- Decrease participation in recreational activities

Plan

Goals

Length	Status	Goal
Long Term	In Progress	Patient will improve function to 0 % impairment, per Roland Morris Disability Questionnaire, by discharge
Long Term	In Progress	Patient to return to full recreational activities without restrictions in 6 weeks.
Short Term	In Progress	Patient to demonstrate independence in home exercise program.
Short Term	Not Met	Patient will be independent in the use of Home Cervical Traction Unit.
Short Term	In Progress	Decrease Neurotension in 2 weeks.
Short Term	In Progress	Decrease pain to 0-2/10, intermittent and max.
Short Term	Not Met	Patient will be independent in the use of a lumbar roll with all sit.
Short Term	Not Met	Patient will be independent in the use of a cervical roll for proper sleep posture.
Long Term	Not Met	Increase ROM to WFL in 4 weeks.
Long Term	Not Met	Patient will demonstrate decreased tightness in soft tissue.
Long Term	Not Met	Patient will have 70% strength in Upper and Lower abdominals.

Disability Rating Scale for Low Back Pain:

- 1- Change position frequently to try to make back comfortable
- 2- B/c pain in back tries to use handrails
- 3- B/c pain in back tries to lie down and rest more often
- 4- Back hurts most of the time
- 5- Pt avoids heavy objects b/c of back pain

Treatment Plan

Recommend Physical Therapy 3 time(s) a week for 12 visits, with treatments to consist of: Body Mechanic Training (97110), Postural Training (97110), Flexibility (97110), Neuromuscular Re-ed - 97112, ROM (97110), Therapeutic Exercise - 97110, Cryotherapy- 97010, Heat- 97010, IFC E-Stim- 97014, Ultrasound- 97035, Manual Stretching- 97140, Soft Tissue Mobs- 97140, Spine Mobilization- 97140, Mechanical Traction.

X
Anita Brandt, PTA, ATC License #: SC # 1459

X
Robin L. Kruger, PT License #: SC 962
(Document electronically signed by TheraOffice Documentation)



Corvel Capture 12/31/2013

10071 Broad River Road
 Suite B
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Daily Note

Patient Name: Beverly A Bequeath Collom Date Seen: 12/3/2013
 Diagnosis: 721.0 Cervical spondylosis w/o myelopathy Referring Physician: Dave Scott, MD
 721.3 Lumbosacral spondylosis w/o myelopathy

Time In: 3:00 PM Time Out: 4:05 PM

Goals

Length	Status	Goal
Long Term	In Progress	Patient will improve function to 0 % Impairment, per Roland-Morris Disability Questionnaire, by discharge
Long Term	In Progress	Patient to return to full recreational activities without restrictions in 6 weeks.
Short Term	In Progress	Patient to demonstrate independence in home exercise program.
Short Term	Not Met	Patient will be independent in the use of Home Cervical Traction Unit.
Short Term	In Progress	Decrease Neurotension in 2 weeks.
Short Term	In Progress	Decrease pain to 0-2/10, intermittent and max.
Short Term	Not Met	Patient will be independent in the use of a lumbar roll with all sitr
Short Term	Not Met	Patient will be independent in the use of a cervical roll for proper sleep posture.
Long Term	Not Met	Increase ROM to WFL in 4 weeks.
Long Term	Not Met	Patient will demonstrate decreased tightness in soft tissue.
Long Term	Not Met	Patient will have 70% strength in Upper and Lower abdominals.

Subjective

Increased neck pain with driving, travel over holiday weekend. Neck 5-5/10, back 2-3/10

Objective

- Modality - IFC E-Stim w/MHR: lower back
- Posture education-Ther Act: lumbar roll, postural ex and act
- Home Program: home instruction
- Ther Ex. per flow sheet:
- Nu-step:

Nu Step, followed postural ex and activities, ther ex. Reviewed HEP. Patient still confused, therefore spent considerable time with HEP. Added core strengthening ex this date. Ended with IFES with heat.

Assessment

Treatment tolerated well. Patient using lumbar roll for home. Will need to add ex gradually due to patient easily confused.

Plan

Continue with PT plan of care progressing as able.

X



Corvel Capture 12/31/2013

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Robin L Kruger, PT License #: SC 962

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Treatment and Modalities Flow Sheet

Patient Name: Beverly Bequeath-Collom MD: David Scott PN/POC: _____
 Diagnosis: cerv lumbar spondylosis Onset: _____ SOC: w/HR RTD: 12/6
 Cancellations/No Shows: _____

Treatment Rendered	Date of Service					
	11/18/13	11/22/13	11/25/13	12/3/13	12/11/13	12/11/13
Treatment Code						
TE/TA/NMR	neck I & LB	✓				
TE/TA/NMR	Standing Row Standing lumbar act		15x 20x TB 16x 5 sec 8x 10 sec	✓	✓ 10x 5	
TE/TA/NMR	Post. stretch Hst. <u>None glide</u>		10x	✓ 10x L/R	✓ 10x 10 (B)	
TE/TA/NMR	Chair / retr (posture)			10/10	✓ ✓ VC	
TE/TA/NMR	"W" III HSS (B)			10x - Red 15	5" x 3 (B)	
TE/TA/NMR	P.T. IT w/ Ball SQ				5" 10x 10x *	
TE/TA/NMR	CAT camel				5" 10x L/R ↓	
TE/TA/NMR	SL C/Com				5" 10x ↓	
TE/TA/NMR	NESTER A 12			L2 10	L2 10	
TE/TA/NMR	Lumbar Roll of Home Insdr		✓	✓		
TE/TA/NMR	cerv / lumbar rolls	✓ w/ rec etc		renewed Hst sensitive		
Manual	Description/Grade					
	cerv mals; mfl. prom	✓				
Modalities	Modality/Intensity					
	MWBW (IF5) cerv L5	15 15	10 min x 15'	✓	✓ ✓	



Corvel Capture 12/24/2013

10071 Broad River Road
Suite B
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Daily Note

Patient Name: Beverly A. Bequeath Collom Date Seen: 11/25/2013
Diagnosis: 721.0 Cervical spondylosis w/o myelopathy Referring Physician: Dave Scott, MD
721.3 Lumbosacral spondylosis w/o myelopathy

Time In: 4:30 PM Time Out: 5:30 PM

Goals

Length	Status	Goal
Long Term	In Progress	Patient will improve function to 0% impairment, per Roland Morris Disability Questionnaire, by discharge
Long Term	In Progress	Patient to return to full recreational activities without restrictions in 6 weeks.
Short Term	In Progress	Patient to demonstrate independence in home exercise program.
Short Term	Not Met	Patient will be independent in the use of Home Cervical Traction Unit.
Short Term	In Progress	Decrease Neurotension in 2 weeks.
Short Term	In Progress	Decrease pain to 0-2/10, intermittent and max.
Short Term	Not Met	Patient will be independent in the use of a lumbar roll with all sit.
Short Term	Not Met	Patient will be independent in the use of a cervical roll for proper sleep posture.
Long Term	Not Met	Increase ROM to WFL in 4 weeks.
Long Term	Not Met	Patient will demonstrate decreased tightness in soft tissue.
Long Term	Not Met	Patient will have 70% strength in Upper and Lower abdominals.

Subjective

PT discusses with patient that treatment needs to focus on lumbar spine for which referral was made despite significant c/o neck pain. Reports 2-3/10 back pain, and 3-4/10 neck pain.

Objective

Modality - IFC E-Stim w/MHP: lower back
Posture education-Ther Act: lumbar roll, postural ex and act
Home Program: home instruction.
Ther Ex. per Row sheet.
Nu-step:

Nu-Step, followed postural ex and activities, ther ex. Reviewed HEP. Patient very confused, therefore spent considerable time with HEP. Ended with IFES with heat.

Assessment

Treatment tolerated well. Patient verbalizes understanding of use of lumbar roll for home.

Plan

Continue with PT plan of care progressing as able. Patient to be out of town fro Thanksgiving. Given travel suggestions for posture and comfort with prolonged driving. Is scheduled for appointments when she returns.



Corvel Capture 12/24/2013

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X
Robin L. Kruger, PT License #: SC 962

(Document electronically signed by TheraOffice Documentation) 11/25/2013



Treatment and Modalities Flow Sheet

Patient Name: Beverly Bequeath-Collom MD: David Scott PN/POC: _____
 Diagnosis: cerv Lumber sprain Onset: _____ SOC: WHY RTD: 12/6

Cancellations/No Shows: _____

Treatment Rendered		Date of Service				
Insurance Authorization		11/18/13	11/22/13	11/25/13	12/1/13	12/6/13
MD Authorization		1/12	1	1	1	1
Treatment Code		11/18/13	11/22/13	11/25/13	12/1/13	12/6/13
TE/TA/NMR	Neck P.E.C.B	✓				
TE/TA/NMR	Standing Post Standing Lumber cut		15x prom B 10x 5x 5x 10x	✓		
TE/TA/NMR	Hand <u>Stretcher</u> Hx <u>(cerv gl)</u>		10x	✓		
TE/TA/NMR	Slow retr (posture)			10/10		
TE/TA/NMR	"W" HSS			10x		
TE/TA/NMR	P.T. L.T. w/ Ball			10x 33		
TE/TA/NMR	CAT CAMEL					*
TE/TA/NMR	SL CLAM					↓
TE/TA/NMR	POSTURE A. 12			L2 10'		
TE/TA/NMR	Lumber Post		✓	✓		
TE/TA/NMR	Home Insdr Cerv/Lumbar rolls	✓	10x retr etc	retr wood Hx 10x 10x		
Modality	Description/Grade					
	Cerv mobil, mfr, prom	✓				
Modality	Location/Intensity					
	MHPW (LFB) Cerv L2	15' 15'	Mobil x 15'	✓		



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Daily Note

Patient Name: Beverly A Bequeath Collom Date Seen: 11/22/2013
 Diagnosis: 721.0 Cervical spondylosis w/o myelopathy Referring Physician: Dave Scott, MD
 721.3 Lumbosacral spondylosis w/o myelopathy

Time In: 1:45 PM Time Out: 2:30 PM

Goals

Length	Status	Goal
Long Term	Not Met	Patient will improve function to 0% impairment, per Roland Morris Disability Questionnaire, by discharge
Long Term	Not Met	Patient to return to full recreational activities without restrictions in 6 weeks.
Short Term	Not Met	Patient to demonstrate independence in home exercise program.
Short Term	Not Met	Patient will be independent in the use of Home Cervical Traction Unit.
Short Term	Not Met	Decrease Neurotension in 2 weeks.
Short Term	Not Met	Decrease pain to 0-2/10, intermittent and max.
Short Term	Not Met	Patient will be independent in the use of a lumbar roll with all sit.
Short Term	Not Met	Patient will be independent in the use of a cervical roll for proper sleep posture.
Long Term	Not Met	Increase ROM to WFL in 4 weeks.
Long Term	Not Met	Patient will demonstrate decreased tightness in soft tissue.
Long Term	Not Met	Patient will have 70% strength in Upper and Lower abdominals.

Subjective

PT discusses with patient that treatment needs to focus on lumbar spine for which referral was made despite significant c/o neck pain. PT explains also how lumbar discomfort can effect posture and increase cervical discomfort. Patient states she understands, but has continued cervical pain as much or more than lumbar pain.

Objective

- Modality: IFC E-stim w/MHP: lower back
- Posture education-Ther Act:
- Home Program: home instruction
- Ther Ex. per flow sheet:

Ther ex per flow sheet focusing on postural improvements with stretching and strengthening. HSS and sciatic nerve glides as well as charted. Discussed use of lumbar roll with demonstration and reasoning. MHP and IFES to lumbar spine post exercises.

Assessment

Treatment tolerated well. Patient verbalizes understanding of use of lumbar roll for home.

Plan

Continue with PT plan of care progressing as able.

X



Tyler Thurston, DPT License #: SC# 5876

(Document electronically signed by TheraOffice Documentation) 11/25/2013

Corvel Capture 12/23/2013

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Full Daily Note - (11/22/2013) - Beverly A Bequeath Collom

P127

298 2



Corvel Capture, 12/20/2013

10071 Broad River Road
Suite B
Irmo, SC 29063
O 803.445.1069
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Initial Evaluation

Patient Name: Beverly A Bequeath Collom Date Seen: 11/18/2013
 Diagnosis: 721.0 Cervical spondylosis w/o myelopathy Referring Physician: Dave Scott, MD
 721.3 Lumbosacral spondylosis w/o myelopathy

Date of Birth: 08/19/1947 (66 years old)

Subjective

Current Condition

Details

Chief Complaint: Patient reports a fall last summer. She injured her lower back, left hip and neck. She states she has not been treated for her neck complaints. She has had PT in the past for her lower back, and reports ~20% improvement.

Type of Injury: Fall

Occupation: Educator, compliance

Treatments

Type	Start Date	Outcome
Orthopedic Surgeon		PT
PT elsewhere		20% improvement
xray	back	spondylosis

Pain History

Pain Area

Area	Current	Best	Worst
Cervical Spine	4/10	4/10	8/10
Lumbar Spine	3/20	3/10	8/10

Functional Status

Functional Activity	Status	Level
Walk	Mild Limitation	Current
Sitting	Severe Limitation	Current
Standing	Mild Limitation	Current
Stairs	Moderate Limitation	Current

Currently Working: Yes

Medical History

See Medical History Form.

Objective

Observation

Obvious joint changes, multiple joints. Patient has forward head and rounded shoulders. Moves easily on and off treatment table.



Corvel Capture 12/20/2013

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C-Spine

C-Spine - Active Range Of Motion

Motion	AROM
Flexion	75 Percent
Extension	50 Percent
Right Sidebending	25 Percent
Left Sidebending	25 Percent
Right Rotation	50 Percent
Left Rotation	25 Percent

Patient reports pulling at EOR all directions, pain with extension, rotation left and side bend right and left.

C-Spine - Special Test

Special Tests	Right	Left
Distraction Test	Positive (Symptom Relief)	
Valsalva Maneuver neurotension	Negative Positive with Pain	Negative Positive

LSpine

L-Spine - Active Range Of Motion

Motion	AROM
Flexion	90 Percent
Extension	50 Percent
Sidebending Right	90 Percent
Sidebending Left	100 Percent
Hamstrings	100 Percent

L-Spine - Special Tests

Special Test	Right	Left
Straight Leg Raise	Negative	Negative
Forten Finger	Negative	Positive
Faber	Positive	Positive

Palpation

Patient tender to palpation at base of cervical spine, bilateral. Significant trap, cervical and scap spasm.

Assessment

Descriptions

Evaluation has determined decrease in functional status for this patient.

Evaluation has found subjective and objective deficits that can be addressed by physical therapy intervention.

Subjective and objective measures are addressed by goals in the plan of care.

Patient / family are involved in the development of these goals.

Patient / family are educated about current injury and treatment.

Will address patients primary concern, which is her cervical pain, and limited ROM, which affects her ability to drive and sit at her desk and computer for work responsibilities. Will address lower back pain and develop an HEP for both. Have



Corvel Capture 12/20/2013

10071 Broad River Road
 Suite B
 Irmo, SC 29063
 O 803.445.1069
 F 803.445.1097

encouraged patient to talk with WKC and MD re: medical work-up for cervical complaints.

Problem List

Problems

- Pain limits functional activities
- Decreased ROM preventing full functional activity
- Decreased strength limiting functional activities
- Decrease participation in recreational activities

Plan

Goals

Length	Status	Goal
Long Term	Not Met	Patient will improve function to 0% impairment, per Roland Morris Disability Questionnaire, by discharge
Long Term	Not Met	Patient to return to full recreational activities without restrictions in 6 weeks.
Short Term	Not Met	Patient to demonstrate independence in home exercise program.
Short Term	Not Met	Patient will be independent in the use of Home Cervical Traction Unit.
Short Term	Not Met	Decrease Neurotension in 2 weeks.
Short Term	Not Met	Decrease pain to 0-2/10, intermittent and max.
Short Term	Not Met	Patient will be independent in the use of a lumbar roll with all sit.
Short Term	Not Met	Patient will be independent in the use of a cervical roll for proper sleep posture.
Long Term	Not Met	Increase ROM to WFL in 4 weeks.
Long Term	Not Met	Patient will demonstrate decreased tightness in soft tissue.
Long Term	Not Met	Patient will have 70% strength in Upper and Lower abdominals.

Treatment Plan

Recommend Physical Therapy 3 time(s) a week for 12 visits, with treatments to consist of: Body Mechanic Training (97110), Postural Training (97110), Flexibility (97110), Neuromuscular Re-ed - 97112, ROM (97110), Therapeutic Exercise - 97110, Cryotherapy- 97010, Heat- 97010, IFC E-Stim- 97014, Ultrasound- 97035, Manual Stretching- 97140, Soft Tissue Mobs- 97140, Spine Mobilization- 97140, Mechanical Traction.

Initial Treatment

- Patient Education - Initial Evaluation Pt. understood injury and its management.
- Modality - IFC E-Stim w/MHP neck and lower back
- Manual - Myofascial Release
- Manual - Stretching
- Posture education-Ther Act
- Home Program home instruction

Sec FS

Functional Testing

Test	Score	Impairment
Roland Morris	5	21

Robi L. Krueger, PT License #: SC 962



6
Corvel Capture 12/20/2013

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Irmo, SC 29063
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(Document electronically signed by TheraOffice Documentation)
11/20/2013

Full Initial Evaluation (11/18/2013) - Bequeath Collom, Beverly

P132

30 of 4

JOSEPH M. MARZLUFF, M.D., FACS
JASON M. HIGHSMITH, M.D.

NEUROSURGERY

*MIKE O. TYLER, JR., M.D.
DR. SABINO J. D'AGOSTINO

MR./MRS./MISS Beverly-Gillian Berkeley A
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS 564 Village Church Dr.
Clyde, SC 29036

MALE FEMALE

SS# 207-36-7979

RACE Caucasian WT 130 HT 5'5"

HOME PHONE 803-941-7180

CELL PHONE 803-467-5274 PAGER _____

BIRTH DATE 08/19/1947

SINGLE MARRIED DIVORCED WIDOWED

OCCUPATION Educator

WORK PHONE 803-734-7939

NAME OF EMPLOYER SCDE

ADDRESS 1429 Senate St.
Columbia, SC 29201

NAME OF SPOUSE/PARENT _____

SPOUSE'S SS# _____

DATE OF BIRTH _____

OCCUPATION _____

WORK PHONE _____

MEDICAL INSURANCE COMPANY Blue Cross Blue Shield FEB

POLICY NUMBER _____

IS INSURANCE IN YOUR NAME OR SPOUSE'S? my name

OTHER INSURANCE Medicare Part A

WERE YOU IN AN ACCIDENT? Yes WAS THIS AN AUTO ACCIDENT? No

WERE YOU INJURED ON THE JOB? Yes DATE OF INJURY? July 2013

DESCRIBE HOW IT HAPPENED Waked onto a wet floor

took 2 steps and landed on my back

WERE X-RAYS / MRI TAKEN OF INJURY OR PROBLEM? Yes

WHEN AND WHERE? July 2013 @ Elgin M.S.

NAME OF YOUR REFERRING DOCTOR (Full Name and Number)
Dr. Melton Stuckey
803-256-1518

PRIMARY CARE PHYSICIAN: same as above

BLOOD THINNERS? YES NO

THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE RELEASED WITHOUT YOUR WRITTEN CONSENT.

DO YOU HAVE, OR EVER HAD:

	YES	NO
DIABETES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HIGH BLOOD PRESSURE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEART TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CANCER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
KIDNEY TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NERVOUS CONDITION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HIV POSITIVE	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ALLERGIES? YES NO

List Allergies: ~~none~~ Sulpha
latex

INSURANCE AUTHORIZATION AND ASSIGNMENT:

I HEREBY AUTHORIZE JOSEPH M. MARZLUFF, M.D. / MIKE O. TYLER, M.D. / JASON M. HIGHSMITH, M.D. / DR. SABINO J. D'AGOSTINO TO FURNISH INFORMATION TO INSURANCE CARRIERS CONCERNING MY ILLNESS AND TREATMENTS, AND I HEREBY ASSIGN TO THE PHYSICIAN ALL PAYMENTS FOR MEDICAL SERVICES RENDERED TO MYSELF OR MY DEPENDANTS. I UNDERSTAND FULLY THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY THE INSURANCE, OR ANY COLLECTION FEES, OR INTEREST ACQUIRED.

SIGNATURE Beverly-Gillian Berkeley

DATE 11-5-2014

Mike O. Tyler, M.D.

PATIENT NAME: BEQUEATH COLLOM, BEVERLY

DOB: 08/19/1947

REFERRING PHYSICIAN:

OFFICE NOTES

DATE OF SERVICE: 11/05/2014

Ms. Bequeath Collom is a pleasant 67-year-old lady who suffered a fall at work a year-and-a-half ago. When she fell, she injured her back and neck and she says she told her employer that she injured her back and neck, but they pretty much zeroed in on her back problems. The back pain has gotten better with conservative therapy. She has continued to have neck pain with pain radiating into both shoulders, worse on the right than left. She has been seen by the Moore Orthopedic Group in Columbia and they have diagnosed her with having a spur and/or disc on the right side at C5-6 and have recommended surgery and artificial disc.

She has had epidural injections and they have not helped. She has undergone physical therapy and that has not helped. Heat, ice, etc., also, have not helped. This has been going on for over a year-and-a-half. She has, also, tried traction and this has not been helpful.

Her pain is more in the neck and shoulder areas. She does not have a good nerve root signature.

She takes a lot of Aleve and she has been taking Aleve for this, but this then bothers her stomach, so she has backed off on this. Anti-inflammatories are not being tolerated well because of the GI side-effects.

She has undergone an MRI scan with Moore Orthopedics and I have reviewed this.

She had the fall in July 2013 and she has seen orthopedists in Columbia on several occasions. MRI of the lumbar spine has shown her to have degenerative disc disease. She, also, has had an MRI scan of the neck which shows foraminal stenosis at C4-5, C5-6, and C6-7, worst at C5-6. As stated before, epidural injections have not really helped her. She has now been having symptoms for a year-and-a-half. She is known to have thyroid enlargement worse on the right side. This has been evaluated and no surgery has been recommended.

PHYSICAL EXAMINATION: She is a pleasant, well-developed, well-nourished, slightly built, white female. She is articulate and straightforward in her presentation. Examination of the head, eyes, ears, nose, and throat is normal. Lungs are clear to percussion and auscultation. Heart regular rate and rhythm without murmurs or gallops. Examination of the neck fails to reveal any bruits. She does have a palpably enlarged thyroid with mild deviation of the trachea from the right to the left from what is primarily right-sided thyroid enlargement. Abdominal exam is negative. Examination of the breasts, genitalia, and rectum was deferred. Range-of-motion of the neck tends to exacerbate the pain in her neck and into the shoulders, but without any good nerve root signature into the arm. Muscle strength is intact. Reflexes are intact. Station and gait are normal. There are no long tract findings, etc.

Mike O. Tyler, M.D.

PATIENT NAME: BEQUEATH COLLOM, BEVERLY
DOB: 08/19/1947
REFERRING PHYSICIAN:
OFFICE NOTES
DATE OF SERVICE: 11/05/2014

Page 2 of 2

DIAGNOSTIC STUDIES: Review of her MRI scan reveals her to have a large spur and/or disc complex compressing the C6 nerve root on the right side and the same process going on at C6-7 to a lesser degree.

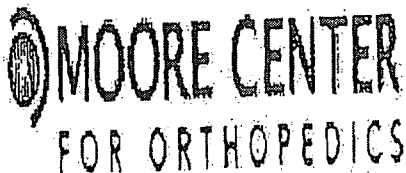
IMPRESSION: I think this lady has chronic cervical radiculopathy due to cervical disc disease at both C5-6 and C6-7. She has failed at conservative therapy over the last year-and-a-half. The pain is making it difficult for her to sleep at night, etc.

I think the patient has a good option for surgical treatment and I think surgery is a good option for her. Epidurals have not helped her.

RECOMMENDATIONS: I would be inclined to operate and fuse both levels. An artificial disc at the C5-6 level would be an option, but I think if she has that disc done at C5-6, she will eventually have to have something done at C6-7, as well. For this reason, I would recommend that we go ahead and fuse both levels. Surgery, fusion versus artificial disc, was discussed with her in detail and I have reviewed her MRI scan with her.

She would like to proceed with surgery. She is going to decide on a date and we will attempt to get prior authorization from the insurance company. No promise, guarantee, or warranty of the results has been made, but I would reasonably expect this lady to do well with surgery.

I have said that she may want to have her thyroid evaluated by ENT prior to surgery, although I think if we approach this from the left, the thyroid should not be an issue for us. MOT:lsd



Moore Center For Orthopedics
4721A Sunset Boulevard
Lexington 29072
Phone: (803)227-8007

Name:	BEVERLY BEQUEATH	Exam Date:	1/23/2014
Patient ID:	-COLLOM	Exam:	MRI C-SPINE W/O CONTRAST
DOB:	MOC52078	Reason:	723.4 - BRACHIAL NEURITIS NOS
Phone:	8/19/1947	Referrer:	David Scott, M.D.
Acc#:	208196	Referrer 2:	Orthopaedics Moore

Results

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

INDICATION: Right cervical radiculopathy.

COMPARISON: 12/23/13 plain film.

TECHNIQUE: Standard MRI of the cervical spine was performed without contrast.

FINDINGS:

Evaluation of the osseous structures demonstrates moderate to severe loss of disc space height at C6-7. There is moderate loss of disc space height at C5-6. I see no fracture or bony destruction. There is no cord signal abnormality noted. I see no paraspinal inflammatory change.

There is heterogeneous enlargement of the thyroid gland, right greater than left.

C2-3: Normal.

C3-4: Normal.

C4-5: Minimal diffuse disc osteophyte complex. There is minimal central stenosis and no more than mild foraminal stenosis.

C5-6: There is a diffuse disc osteophyte complex asymmetric to the right, with a superimposed right foraminal disc osteophyte protrusion. There is severe right and moderate to severe left foraminal stenosis. There is mild to moderate central canal stenosis.

C6-7: There is diffuse disc osteophyte complex which appears symmetrical. There is moderate central canal stenosis. There is moderate to severe bilateral foraminal stenosis.

C7-T1: Normal.

IMPRESSION:

1. Degenerative disc disease cervical spine most pronounced at C5-6 and C6-7. Central canal stenosis is no more than moderate, most pronounced at C6-7. Foraminal stenosis is worse at C5-6 on the right where the foraminal stenosis appears severe.
2. Heterogeneous appearance of the thyroid gland for which I would suggest this patient have follow-up thyroid ultrasound.

Matthew J. Taffoni, M.D.
 Radiologist
 PITTS RADIOLOGY
 Transcribed by: MSB

Report Electronically Signed by: Matthew Taffoni M.D.
 Report Signed on: 1/27/2014

Pt. Name:	BEVERLY BEQUEATH-	Exam:	MRI C-SPINE W/O
Patient ID:	COLLOM	Acc:	CONTRAST
Completed Date:	MOC52078	Interpreting Rad:	208196
Transcribed By:	1/23/2014 8:28:00 AM	Dictated Date:	Matthew Taffoni M.D.
Transcribed Date:	Melissa Brown	Finalized Date:	1/24/2014
	1/24/2014 11:44:53 AM		1/27/2014

52078

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

Name: BequeathCollom, Beverly A
Patient ID: 186499
DOB: 08/19/1947
Acc#: 727046
Patient Phone #: (803) 941-7180

Exam Date: 11/22/2013
Exam: MRI L-spine w/contrast
Reason: LUMBAGO (724.2)
Referrer: Scott, David

PROCEDURE: MRI lumbar spine without contrast, initial exam

CLINICAL HISTORY: Low back pain

TECHNIQUE: 4 mm sagittal and axial T1 and T2 images were obtained.

FINDINGS: There are 5 lumbar vertebral segments with normal anatomic alignment of the lumbosacral and distal 3 thoracic spine segments without fracture deformity, bone destruction, or evidence of underlying inflammatory or neoplastic disease. The diameter of the spinal canal is normal without congenital stenosis. A mild narrowing of the L4-5, L3-4, and L2-3 discs is noted with changes of disc desiccation without reactive adjacent vertebral endplate marrow changes. Mild symmetric circumferential bulges of the annuli at all 3 levels is noted with moderate productive facet changes and thickening of ligamentum flavum at the L4-5 level, mild to moderate productive facet changes and thickening of the ligamentum flavum at the L3-4 level, and mild productive facet changes at the L2-3 level, without disc herniation, spondylolisthesis, or significant central or foraminal stenosis at any of these 3 levels. The L5-S1, L1-2, and distal 4 thoracic discs and adjacent vertebral segments are unremarkable. The intradural, retroperitoneal, and surrounding paraspinal soft tissues, muscles and neurovascular structures are unremarkable.

IMPRESSION: (1) Degenerative disc narrowing with mild circumferential bulging annuli with productive facet and ligamentous changes at the L2-3, L3-4, and L4-5 levels are noted without disc herniation or significant spinal stenosis at any of these 3 levels.

(2) The L5-S1, L1-2, and distal 4 thoracic discs and adjacent vertebral segments are unremarkable.

Martin P. Dommers, M.D.
Electronic Signature
Date Finalized: 11/22/2013

DD: 11/22/2013 DT: 11/22/2013

Doctors Care Seven Oaks
100 Jimmy Love Lane
Columbia, SC 29212
(803) 772-5030 Office
(803) 661-6477 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

NAME: BEQUEATH-COLLOM,
BEVERLY
DOB: 08/19/1947
PHYSICIAN: Swaminathan, Jawahar MD

DATE OF EXAM: 07/19/2013
PATIENT ID: DCMDD211093

EXAM: L-SPINE 3V

IMPRESSION: Mild degenerative spondylosis without acute bony abnormality.

Agree.

Steven T. Pirdima, M.D.
Electronic Signature
Jul 19 2013 4:16PM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record.

Noted

M 07/19/13

Trident Medical Center

PATIENT: BEQUEATH-COLLUM,
BEVERLY
ACCOUNT#: D00046870699
UNIT#: D000651929
DOB: 08/19/1947

PHYSICIAN: Mike Owens Tyler Jr MD
ADMIT: 11/25/2014
DISCHARGE:

OPERATIVE REPORT

Date of Operation: 11/25/2014

PREOPERATIVE DIAGNOSES:

Cervical spondylosis, C5-6, C6-7, decompression of spinal cord and nerve roots.

POSTOPERATIVE DIAGNOSES:

Cervical spondylosis, C5-6, C6-7, decompression of spinal cord and nerve roots.

OPERATIONS PERFORMED:

Anterior cervical discectomy and partial corpectomy C5-6, C6-7, fusion with 7 mm large Globus Coalition autologous bone and Signify at both levels, microdissection and microdiscectomy.

SURGEON:

Mike Owens Tyler Jr., MD

ANTIBIOTIC TIME:

1323

INCISION TIME:

1347

ESTIMATED BLOOD LOSS:

Less than 100 mL.

The patient went to recovery room in satisfactory condition.

PROCEDURE IN DETAIL:

The patient was brought to the operating room. After general endotracheal anesthesia obtained, she was positioned on the operating table in the supine position with a gel roll underneath the shoulders and a gel donut for head rest.

The operative area was prepped in the usual manner with Betadine soap and Betadine solution and draped in sterile manner with sterile sheets and towels. Curvilinear incision was made opposite C6 on the left side. Platysma was opened in the cross direction of its fibers using sharp and blunt dissection, and an interval was developed between the sternomastoid muscles and strap muscles, carried down to prevertebral fascia. Bleeders were controlled with the use of Bovie and bipolar electrocautery. We dissected down underneath the longus colli muscles and placed the blades of a Cloward self-retaining retractor underneath the longus colli muscle of C5-6. X-ray was taken to confirm our position at that level. The disk space was markedly narrowed. We entered it with a 15-blade and removed some disk material. We put in distraction pins and tried to distract the area. We could get very little distraction at that point.

Trident Medical Center.

PATIENT: BEQUEATH-COLLOM, BEVERLY PHYSICIAN: Mike Owens Tyler Jr MD
ACCOUNT#: D00046870699 ADMIT: 11/25/2014
UNIT#: D000651929 DISCHARGE:
DOB: 08/19/1947

HISTORY AND PHYSICAL

CHIEF COMPLAINT:

Pain in the neck, interscapular region, and arms.

HISTORY OF PRESENT ILLNESS:

Ms. Bequeath-Collom is a pleasant 67-year-old lady who suffered a fall at work a year and a half ago. Initially, she injured her back and neck, but most of the attention has been paid to her back problems, which appeared to be getting better with conservative therapy. She continues to have neck pain, pain radiating to both shoulders, worse on the right side than the left. She has been seen by the Moore Orthopedic Group in Columbia and has been diagnosed as having a ___ disk at right side at C5-6. She has been recommended surgery and artificial disk. She has had epidural injections. These have not helped. She has undergone physical therapy, and this has not helped. Heat, ice, etc., all this has not helped. Over a year-and-a-half, she has also tried traction, and that has not been helpful. The pain is more in the neck and shoulder area. It does not have good nerve root signature. The patient takes a lot of Aleve, but this bothers her stomach so she has backed up. Anti-inflammatories are not being tolerated well by her because of GI side-effects. She has undergone MRI scan from Moore Orthopedics. She has had repeat MRI scan done recently that was of better quality, and this shows her to have significant narrowing of the spinal canal at C6-7 with loss of CSF and some bulging of the spur. She also has significant compression of the nerve roots bilaterally. She also has significant compression of the nerve roots at C5-6.

PHYSICAL EXAMINATION:

GENERAL: The patient is a pleasant, well-developed, well-nourished white female. She was articulate and straightforward in presentation.

HEAD, EYES, EARS, NOSE AND THROAT: Normal.

LUNGS: Clear to percussion and auscultation.

HEART: Regular rate and rhythm. No murmurs or gallops.

NECK: Examination of the neck failed to reveal any bruits. She does have a palpably enlarged thyroid with some mild deviation of the thyroid from the right to the left. She has a known right-side thyroid enlargement.

ABDOMEN: Negative.

MUSCULOSKELETAL: Examination of the neck reveals to have exacerbation of pain with range of motion. The pain goes in to her neck and shoulders and does not have good nerve root signature. Muscle strength is intact. Reflexes are intact. Station and gait normal. There are no long tract findings.

IMPRESSION AND PLAN:

The patient has a large spur and/or disk complex compressing C6 nerve root on the right side and significant spondylitic spurring at C6-C7 as well.

As the patient has failed conservative therapy, she is now admitted for anterior cervical discectomy and fusion at C5-6, C6-7.

PT: BEQUEATH-COLLOM, BEVERLY UNIT#: D000651929 ACCOUNT#: D00046870699

It is my opinion that she should have both these levels operated on, because both of them are showing significant compression of the nerve roots and both may be contributing to her symptoms. Surgery, its expected pattern of recovery and the risks including the risk of death, stroke, paralysis, hoarseness, difficulty swallowing, injury to trachea, esophagus, blood vessels, recurrent laryngeal nerves, etc. have been discussed. No promise, guarantee or warranty of results have been made. The risk of injury to the spinal cord nerve roots causing paralysis or weakness has also been discussed.

The possibility of her getting degenerative changes to other levels was discussed as well. She understands the possibility of failure of surgery to relieve her symptoms, especially because of prolonged compression of the nerve roots.

We anticipate the patient having a good recovery. Surgery has been discussed in detail.

DD: 11/24/2014 18:58:11

DT: 11/25/2014 00:31:08

Dictation ID / Confirmation #: 1453519 / 1287404

Mike O. Tyler, M.D.

PATIENT NAME: BEQUEATH COLLOM, BEVERLY

DOB: 08/19/1947

REFERRING PHYSICIAN(S):

OFFICE NOTES

DATE OF SERVICE: 11/24/2014

Ms. Bequeath Collom returns today. We discussed surgery again. We went over the expected results, expected mode of recovery, and the possible risks and complications. No promise, guarantee, or warranty is made, but we would reasonably expect her to do well. She is going undergo anterior cervical discectomy and fusion at C5-6 and C6-7 tomorrow morning.

MOT:lsd.

TRIDENT REGIONAL MEDICAL CNTR
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

PHONE #: 843-847-4900
FAX #: 843-847-4563

Name: BEQUEATH-COLLOM, BEVERLY
Phys: Tyler, Mike O V MD
DOB: 08/19/1947 Age: 67 Sex: F
Acct: D00046870699 Loc: D.TPACU
Exam Date: 11/24/2014 Status: PRE IN
Radiology No:
Unit No: D000651929

EXAMS:
003554089 CHEST AP/PA

Reason for Exam: :

HISTORY:

Cervical stenosis

COMPARISON:
None

FINDINGS:

A single upright PA view of the chest is obtained. No focal opacity in the lungs. No pleural effusion or pneumothorax. The cardiomeastinal silhouette is unremarkable. No acute osseous abnormality.

IMPRESSION:

No acute process in the chest.

** Electronically Signed by M.D. Joshua Macatol **
** on 11/24/2014 at 1647 **
Reported and signed by: Joshua Macatol, M.D.

CC: Mike O V Tyler MD

Dictated Date/Time: 11/24/2014 (1647)
Technologist: ANGELA M WOOD
Transcribed Date/Time: 11/24/2014 (1647)
Prepared By: PHY.MACJO1
Electronic Signature Date/Time: 11/24/2014 (1647)
Orig Print D/T: S: 11/24/2014 (1652)

BATCH NO: N/A

PAGE 1

Signed Report

TRIDENT REGIONAL MEDICAL CNTR
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

PHONE #: 843-847-4900
FAX #: 843-847-4563

Name: BEQUEATH-COLLOM, BEVERLY
Phys: Tyler, Mike O V MD
DOB: 08/19/1947 Age: 67 Sex: F
Acct: D00046870699 Loc: D.622 A
Exam Date: 11/26/2014 Status: ADM IN
Radiology No:
Unit No: D000651929

EXAMS:
003555239 SPINE CERVICAL AP & LAT

Reason for Exam: :

HISTORY:

Cervical stenosis.

EXAM:

Cervical spine series. 11/26/2014.

COMPARISON:

C-arm radiographs dated 11/25/2014.

AP, lateral, and odontoid views show anterior fusion with disc spacers at C5-6 and C6-7. There is appropriate alignment with no complications evident. There is mild spondylosis at C4-5.

IMPRESSION:

Postsurgical changes at C5-6 and C6-7 with no complications evident.

** Electronically Signed by M.D. Charles F. Greer **
** on 11/26/2014 at 1014 **

Reported and signed by: Charles F. Greer, M.D.

CC: Mike O V Tyler MD

Dictated Date/Time: 11/26/2014 (1014)
Technologist: COMPS, SABRINA L
Transcribed Date/Time: 11/26/2014 (1014)
Prepared By: PHY.GRECH
Electronic Signature Date/Time: 11/26/2014 (1014)
Orig Print D/T: S: 11/26/2014 (1019)

BATCH NO: N/A

PAGE 1

Signed Report

Mike O. Tyler, M.D.

PATIENT NAME: BEQUEATH COLLOM, BEVERLY

DOB: 08/19/1947

PRIMARY CARE/REFERRING PHYSICIAN: Dr. Melton Stuckey 803-256-9719

OFFICE NOTES

DATE OF SERVICE: 02/11/2015

HISTORY OF PRESENT ILLNESS: Ms. Bequeath Collom returns today. She is back to work. She is coming along well. She has done the physical therapy from the pamphlets and this has helped her. Her radicular symptoms are clearing up nicely. Her questions were answered.

PHYSICAL EXAMINATION: Her wound is healing well and I expect for her to have a good cosmetic result. I suspect with time it will appear to be just another skin fold in her neck.

I told her I would like for her to hold off on snow skiing for at least twelve to eighteen months to allow the fusions to become solid.

PLAN: We are going to start her on some neck rehab and see her back in eight weeks. She will have the rehab done near her home. All-in-all, she is making very good progress. MOT:lsd

Mike O. Tyler, M.D.

PATIENT NAME: BEQUEATH COLLOM, BEVERLY

DOB: 08/19/1947

PRIMARY CARE/REFERRING PHYSICIAN(S):

OFFICE NOTES

DATE OF SERVICE: 04/15/2015

HISTORY OF PRESENT ILLNESS: Ms. Bequeath Collom returns today. She has been doing physical therapy for about six weeks. She still has a little bit of pain when she does her ballroom dancing. She is beginning to develop symptoms of a right carpal tunnel. It bothers her when she is driving; it bothers her when she sleeps at night. She tends to sleep with her wrist either hyperextended or hyperflexed underneath her head.

PHYSICAL EXAMINATION: She might have a little bit of atrophy in the opponens pollicis, but she has good strength. She has a positive Phalen's test and positive Tinel's sign at the right wrist.

I have discussed this with her and explained how this may, also, be aggravated by her radiculopathy, as well.

RECOMMENDATIONS: I am going to give her a carpal tunnel splint and see her back in four weeks. If the symptoms persist, we may do an EMG/nerve conduction test. I think that she has carpal tunnel being aggravated by the way she sleeps with the wrist. It does tend to bother her with driving and has a fairly classic presentation of carpal tunnel. She was given no prescription today. She is to return to see us in four weeks.

MOT:lsd

Mike O. Tyler, M.D.

PATIENT NAME: BEQUEATH COLLOM, BEVERLY
DOB: 08/19/1947
PRIMARY CARE/REFERRING PHYSICIAN:
OFFICE NOTES
DATE OF SERVICE: 05/13/2015

HISTORY OF PRESENT ILLNESS: Ms. Bequeath Collom returns today. She has been doing physical therapy and is coming along well. Her carpal tunnel is not bothering her that badly.

We discussed options. She would like to continue using the splints, which do help.

IMPRESSION: All-in-all, she is coming along nicely.

PLAN: We are going to x-ray her neck and see her on an as needed basis. She was given no prescriptions today. She was told the warning symptoms to watch for, both with her neck and carpal tunnel.

MOT:lsd

TRIDENT DIAGNOSTIC SERVICES
9313 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

PHONE #: 843-797-4917
FAX #:

Name: BEQUEATH-COLLOM, BEVERLY
Phys: Tyler, Mike O V MD
DOB: 08/19/1947 Age: 67 Sex: F
Acct: D00048372656 Loc: D.TDS
Exam Date: 05/13/2015 Status: REG CLI
Radiology No:
Unit No: D000651929

EXAMS:
003665427 SPINE CERVICAL AP & LAT

Reason for Exam:;

HISTORY:
Cervical spondylosis

COMPARISON:
November 26, 2014

TECHNIQUE:
3 views of the cervical spine.

FINDINGS:
There is no evidence of fracture or dislocation. Alignment is normal. The patient has had prior cervical fixation at C5-C6 and C6-C7 with placement of interbody grafts. Bilateral facet hypertrophy noted at C6-C7 and C5-C6. Mild degenerative disc disease is present at C4-C5 and C7-T1. No bony erosion or destruction is seen. No soft tissue abnormalities are present.

IMPRESSION:

1. No acute osseous findings.
2. Postsurgical and degenerative changes as above.

** Electronically Signed by M.D. Aron D. Rosenthal **
** on 05/13/2015 at 1632 **
Reported and signed by: Aron D. Rosenthal, M.D.

CC: Mike O V Tyler MD

Dictated Date/Time: 05/13/2015 (1632)
Technologist: JOEL C CHILDRESS
Transcribed Date/Time: 05/13/2015 (1632)
Prepared By: PHY.ROSAR1
Electronic Signature Date/Time: 05/13/2015 (1632)
Orig Print D/T: S: 05/13/2015 (1636)

BATCH NO: N/A

PAGE 1

Signed Report

CAROLINA PHYSICAL THERAPY
PATIENT INFORMATION

Name Ber Collo m Date 12/27/13

Diagnosis: Cervicgia 723.1
cerv radic. 723.4

Treatment: DIG 2) ceru mobs / man tx / stim /
3) Postured, Act 4) Therm us

History: S: Fell in cafeteria LB & neck issues since (7/12/13)
LB - wk case neck - personal injur. c/o (B) neck pain
6-8/10; (P) hand numbness 3-6. (Thumb -> 4th digit)
NO OA in prior 40 fall

xray
(C) X OA WANTS TO RETURN TO Ball Room Dancing

O: Posture: ↑ Kyphosis, mild Dowagers hump, fwd head, ↑ Ceru Lon.

Palpation: Sign m spasm (B) ceru, trap. scap. SCM

ROM: ↓ 50% ROT L/R 30% SB L/R 30%

Pt wrt'd Arm/hand pain w/ ↓ 4 ROT L/R

Special Tests: ⊖ Vals, parallel, c/wr Distraction, + Slump

NOI: 32% Impairment

A: Presents w/ (P) radicular symptoms, (P) neuro signs, altered
posture, soft tissue restrictions.

Goals: 1. Centralize (P) UB symptoms

2. Improved Posture, wrk stress on spine

3. NOI TO 17% Impair, (P) fx

4. ↑ Ceru ROT/SB TO 50; w/o ↑ in symptoms

P: Will see PT 2x/week x 6 wks per MD order

J. K.



edFIT

Physical Therapy & Wellness

10071 Broad River Road, Suite B
Irmo, South Carolina 29063
803.445.1069

THE NECK DISABILITY INDEX

Patient Name: Bev Collom

Date: 12-27-2013

SECTION 1 - PAIN INTENSITY

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

SECTION 2 - PERSONAL CARE

- I can look after myself normally without causing extra pain.
- I can look after myself normally, but it causes extra pain.
- It is painful to look after myself, and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed, I wash with difficulty and stay in bed.

SECTION 3 - LIFTING

- I can lift heavy weights without causing extra pain.
- I can lift heavy weights, but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.
- Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

SECTION 4 - READING

- I can read as much as I want with no neck pain.
- I can read as much as I want with slight neck pain.
- I can read as much as I want with moderate neck pain.
- I can't read as much as I want because of moderate neck pain.
- I can't read as much as I want because of severe neck pain.
- I can't read at all.

SECTION 5 - HEADACHES

- I have no headaches at all.
- I have slight headaches that come infrequently.
- I have moderate headaches that come infrequently.
- I have moderate headaches that come frequently.
- I have severe headaches that come frequently.
- I have headaches almost all the time.

SECTION 6 - CONCENTRATION

- I can concentrate fully without difficulty.
- I can concentrate fully with slight difficulty.
- I have a fair degree of difficulty concentrating.
- I have a lot of difficulty concentrating.
- I have a great deal of difficulty concentrating.
- I can't concentrate at all.

SECTION 7 - SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed for less than 1 hour.
- My sleep is mildly disturbed for up to 1-2 hours.
- My sleep is moderately disturbed for up to 2-3 hours.
- My sleep is greatly disturbed for up to 3-5 hours.
- My sleep is completely disturbed for up to 5-7 hours.

SECTION 9 - WORK

- I can do as much work as I want.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- I can't do my usual work.
- I can hardly do any work at all.
- I can't do any work at all.

SECTION 8 - DRIVING

- I can drive my car without neck pain.
- I can drive as long as I want with slight neck pain.
- I can drive as long as I want with moderate neck pain.
- I can't drive as long as I want because of moderate neck pain.
- I can hardly drive at all because of severe neck pain.
- I can't drive my car at all because of neck pain.

SECTION 10 - RECREATION

- I have no neck pain during all recreational activities.
- I have some neck pain with all recreational activities.
- I have some neck pain with a few recreational activities.
- I have neck pain with most recreational activities.
- I can hardly do recreational activities due to neck pain.
- I can't do any recreational activities due to neck pain.

16 x 2
32 / Imp.
Goal
19 / 1

CAROLINA PHYSICAL THERAPY
 PROGRESS NOTES

Date

Name Ber Collam

	12/30/13	S: Completed steroid Dose pack. Still w/ (R) hand Tingle
4:30-5:30		O: DUBE (c/o neck pain @ 4') 2) Ther ex 3) US
TE2		4) I. CTX
TA1		A: Pt Anxious About TX - but reported ↓ hand sens
US1		After. Req: much instruction & rep. from w/ exp
TX1		P: reinforce Posture, TOWEL roll w/ s.t., sleep
		cont 2x/wk neck, 2x/wk LB (w/ko) 7/2/keep PT
	1/3/14	S: 4-5/10 neck pain, L & R. (R) hand n/T now
TE2		Interm & less intense
TA1		O: DUBE, Ther ex 2) Ther act 3) US 4) TX
US1		Added nerve glider & postural strengthening
TX		A: Radicular sens (R)
		P: cont 2x/wk for neck. 7/2/keep PT
	1/6/13	S: nerve glider ↑ (R) cerv pain. 4/10
4:10-5:30		O: DUBE, Ther ex, 2) Ther act, 3) US, 4) TX
TE2		A: Hold nerve glider & R/A neck/hand pain
TA1		P: cont 2x/wk for cerv ex 7/2/keep PT
US1		
TX1		
	1/10/13	S: ↑ neck pain & numbness in (R) 1, 2, 3 rd Fingers 7-8/10
3:15-4:30		O: DUBE 2) Ther ex 3) Ther act 4) US
TE2		5) TX.
TA1		A: Min (R) in hand numbness. Neck pain 7-8/10
US1		P: cont per P.O.C. 7/2/keep PT
TX1		

CAROLINA PHYSICAL THERAPY
PROGRESS NOTES

Date

Name Ber Collins

US
TX
TA
TE

1/13/14 S: Min pain @ work today. Using Alere

4:40-6:00 on Reg. Bas.s (4-5/10 neck)

O: 1) UBE, Ther act, 2) Ther ex, 3) US 4) TX

A: Interm Finger numbness continues - 9: well
9s neck pain

P: cont per POC *Blah Blah PT*

1/22/14 S: 5-6/10

O: 1) Ther-act per f/s 2) Ther-ex per f/s

3) U.S 1.8 V/cm² 1MHZ 100% @ UT

A: Pt do some numbness in fingers. To get MRI results
soon.

P: Continue POC *Blah Blah PT*

1/24/14 S: "Some neck pain" "MRI done, go to MD on monday"

O: 1) Ther-act per f/s 2) Ther-ex per f/s

3) STM tennis ball flb TrP release 4) MD progress note

A: Pt is no clo following session

P: Continue POC *Blah Blah PT*

1/28/14 S: MRI shows "Disc" TO see "Spine speculat"

4:30-5:40 O: UBE, Ther Act 2) Ther ex 3) I CTY (# #)

A: Monitor rad. Sx w/ TX

P: Cont per POC. *Blah Blah PT*

1/31/14 S: TO have epidural injection - ASKS that we get new scr. PT

3:00-4:15 from Dr. Clevette

O: UBE, Ther act, 2) Ther ex, 3) TX (15 # 5 #)

resumed nerve glides

A: Tick Cerv. Rom. pain #'s remain the

P: cont x 2 vcs. 75, then request order from new MD
Blah Blah PT

TA
TE
TX

01-20-'14 10:02 FROM-

F-492 P0002/0002 F-878

Land Sports Medicine, Inc. PHYSICAL THERAPY PROGRESS UPDATE

PATIENT: Dev Beguella Coliam DOB: 8/19/47 DATE: 1/17/14

DIAGNOSIS: LBP PHYSICIAN: DAVID SCOTT

I. TREATMENT INFORMATION

- A. Date of Evaluation: 1/18/14 Last Summary: _____
- B. Treatment/Techniques: Posture Body mech, Myofasc
- C. Modalities: TENS Heat
- D. Home Program: 20 min 4 components

II. SUBJECTIVE INFORMATION

- A. Pain Intensity (0-10): interm 0-2/10 (back)
- B. Symptoms: occ. Achy LB, more concerned w/ her neck.

III. OBJECTIVE INFORMATION

- A. ROM: TWIST V 1 SB L/R WFL
ROT L/R 50% AVAIL
- B. MMT: WFL
- C. Girth: NA
- D. Palpation: 4 FORTNER FINGER P C (initially @ L)
- E. Other: Palpated muscles E. Neck: Pectoralis

IV. ASSESSMENT

Pt's LB has responded well to P.T. She is more concerned w/ neck pain. P.A. advised to see Dr. Scott w/ D/C work by Dr. Scott on 1/17/14

Please advise

V. RECOMMENDATIONS/PLAN

- A. Request to Continue P.T. 1
(To Continue P.T. complete script on right and return)
- B. Discharge from PT _____
Reasons for D/C _____

Robyn Kempf
Physical Therapist

PRESCRIPTION	
Total Visits:	<u>2</u> at weeks <u>3-4</u> weeks
Continue P.T.:	_____
Area(s) to be treated:	<u>central open</u>
Any Changes:	<u>girth, stretch, 20 min, traction</u>
Contraindications:	_____
MD	<u>1/30/14</u> Date

John Clark
2/10/14

IRMO OFFICE FAX: (803) 445-1097

Northeast - 141 Afrum Way - Columbia, South Carolina 29228 • (803) 788-8484 • Fax (803) 788-8499
 Downtown - 1715 Blanding Street - Columbia, South Carolina 29201 • (803) 255-0277 • Fax (803) 255-0266
 Forest Acres - 1718 St. Julian Place - Columbia, South Carolina 29204 • (803) 771-0870 • Fax (803) 771-0371
 Lexington - 229 Saluda Springs Road - Columbia, South Carolina 29072 • (803) 359-0505 • Fax (803) 359-2206
 IRMO - 10071 Broad River Road, Suite 8 - Columbia, South Carolina 29063 • (803) 445-1069 • Fax (803) 445-1097

01-27-'14 11:49 FROM-

52018
T-493 P0002/0002 F-947

and Sports Medicine, Inc.
PHYSICAL THERAPY PROGRESS UPDATE

PATIENT: Beverly Baguath-Collon DOB: 8/19/1947 DATE: 1/24/14

DIAGNOSIS: Cervicgia PHYSICIAN: David Scott, MD

I. TREATMENT INFORMATION

- A. Date of Evaluation 12/27/13 Last Summary _____
- B. Treatment Techniques VBE, Ther-ex including ROM/stretching, strengthening
- C. Modalities US, Ctx
- D. Home Program Yes

II. SUBJECTIVE INFORMATION

- A. Pain Intensity (0-10) 5-6/10
- B. Symptoms _____

III. OBJECTIVE INFORMATION

- A. ROM CS ✓ 20° painful / 30° RSB 26° LRB 15° painful
RR 26° LR 25° painful
- B. MMT _____
- C. Girth _____
- D. Palpation Trigger points @ UT, CS psm
- E. Other _____

IV. ASSESSMENT

PT has progressed well w/ CS ROM + @ HEP, however
little progress towards + finger numbness.

Thank you for this referral!

V. RECOMMENDATIONS/PLAN

A. Request to Continue P.T. Please advise
(To Continue P.T. complete script on right and return)

B. Discharge from PT _____
Reasons for D/C _____

Blah J. Blah PT
Physical Therapist

PRESCRIPTION	
Total Visits:	_____ /week _____ weeks
Continue P.T.	_____
Area(s) to be treated:	_____
Any Changes:	_____
Contraindications:	_____
<u>[Signature]</u> MD	<u>2/26/14</u> Date

IRMO OFFICE FAX: (803) 445-1097

Northeast - 141 Atrium Way - Columbia, South Carolina 29223 - (803) 788-8484 - Fax (803) 788-8499
 Downtown - 1715 Blanding Street - Columbia, South Carolina 29201 - (803) 255-0277 - Fax (803) 255-0266
 Forest Acres - 1718 St. Julien Place - Columbia, South Carolina 29204 - (803) 771-0970 - Fax (803) 771-0971
 Lexington - 229 Saluda Springs Road - Columbia, South Carolina 29072 - (803) 869-0505 - Fax (803) 869-2206
 IRMO - 10071 Broad River Road, Suite B - Columbia, South Carolina 29063 - (803) 445-1069 - Fax (803) 445-1097

**CAROLINA PHYSICAL THERAPY
PROGRESS NOTES**

Date

Name Collom, Bev

2/4/14 S: 5/10 "Did exercises this morning"
5:45-10:35 O: 1.) UBE/TA 2.) TE 3.) TX (15#/5#)
A: Pt slight ↑ in ROM, pain still high. To have epidural shot 2/10/14.
P: Can't POC *Katrina Patterson, PTA*

2/7/14 S: Still w/ ① sided cerv pain & ② fingertip numb
3:00 - O: 1.) UBE, TA 2.) TE w/ Adapters, HEP
4:10 3.) TX (16#/15#)
TH 2
TE 2
TX 4
A: Anxious about ep. anal next wk. See? P
P: Cont on POC *R. Kent*

2/10/14 Lm for PT to C/B re: Dic from md rec'd. Rk

2/14/14 S: 5-6/10 today. Pt reports taking pain meds last night
4:05-5:10 in order to sleep. NO fingertip numbness.
O: 1.) ~~UBE~~ UBE/TA 2.) TE perf/s 3.) STM
4.) TX (16#/5#)
A: Pt seemed to be in a lot more pain during TE, unable to complete all reps.
P: Can't POC *Katrina Patterson, PTA*

2/19/14 S: 3/10 pain. "Dr. said to take it easy with the exercises."
O: 1.) UBE/TA 2.) TE perf/s 3.) STM 4.) TX
A: Pt not able to complete strengthening exercises.
P: Can't POC. WORK on more strengthening.
Katrina Patterson, PTA

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

AFFIDAVIT OF
MIKE O. TYLER, JR., M.D.

PERSONALLY appeared before me Mike O. Tyler, Jr., M.D., who after being duly sworn, deposes and says:

My curriculum vitae detailing my education, experience and certifications is attached hereto.

I have had occasion to treat and evaluate Beverly Bequeath-Collom having first encountered Ms. Collom on November 5, 2014.

I was presented a history of Ms. Collom having suffered a work related fall approximately 1½ years prior to her first visit to our practice. I reviewed an MRI scan of her neck which showed laminal stenosis at C4-5, C5-6 and C6-7 with the worst at C5-6 with Ms. Collom relating having had symptoms for 1½ years.

Based on that I performed surgery on Ms. Collom on November 25, 2014 in the form of anterior cervical discectomy and partial corpectomy fusion.

It appears Ms. Collom experienced no symptoms related to her cervical problem prior to her work related accident and became symptomatic shortly thereafter. It appears that she had pre-existing asymptomatic cervical spondylosis which the work related fall at the very least aggravated this pre-existing condition causing progressive symptoms to the point of a need for surgery. I am unaware of any treatment history for cervical problems prior to the work related accident.

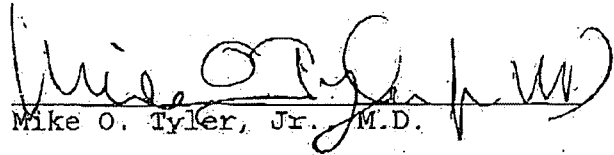
May. 16. 2016 12:17PM

No. 6821 P. 3

In the absence of any other intervening or superceding causative events, Ms. Collom would not have needed the surgery at the time it was performed or in the foreseeable future if not for the causation or aggravation of the symptomology related to her underlying condition by her work related accident.

The opinions herein are stated to a reasonable degree of medical certainty.

Further deponent sayth not.


Mike O. Tyler, Jr. M.D.

Sworn to before me this 16th
day of May, 2016

Cathy J. Pakorn
Notary Public for South Carolina
My Commission Expires: 05/07/2020

RECEIVED

MAY 21 2020

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No. 2019-001394

Beverly Bequeath-Collom, Employee,Appellant

v.

SC Department of Education, Employer, and
SC State Accident Fund, Carrier,.....Respondents

CERTIFICATE OF COUNSEL

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

Everett H. Garner
Holler, Garner, Corbett, Gilchrist & Mason
P.O. Box 11006
Columbia, SC 29211
(803) 765-2968
Attorney for Appellant

May _____, 2020