

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No. 2021-000683

Thomas Contreras, Claimant, ... Appellant,

v.

St. John's Fire District Commission, Employer, and
State Accident Fund, Carrier, ... Respondents.

**AMENDED
RECORD ON APPEAL**

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwich, M.D.

PATIENT: Thomas Contreras
CHART NO: 105794
DOB: 9/25/61

PAGE: Ten

2/9/09 (Continued):

PHYSICAL EXAMINATION: The incision looks good.

PLAN: I am going to get him into physical therapy. He wants to go back to light duty tomorrow. He can drive short distances without the sling. I do not want him to do any overhead lifting with the arm. I will see him back in three weeks for recheck. DHJ/tg (2/11)

3/2/09: Thomas is here today for follow up of right shoulder arthroscopy and SLAP repair. He is finally making progress. He had a lot of spasm over the past couple of weeks, but that seems to have resolved at this point. He is much more comfortable. Physical therapy notes show forward flexion to 130° improved from 64° from the first visit.

PHYSICAL EXAMINATION: There is mild tenderness along the deltoid, good ROM.

PLAN: I will see him back here in a month. I will continue to put him in light duty at work. He will start some strengthening per protocol and ease out of the sling. DHJ/tg (3/4)

MAR. 31. 2009 1:45PM

NO. 815 P. 2

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwich, M.D.

KLA
10/08/09
St John's
Finn
2009

PATIENT: Thomas Contreras
CHART NO: 105794
DOB: 9/25/61

PAGE: Ten

2/9/09 (Continued):

PHYSICAL EXAMINATION: The incision looks good.

PLAN: I am going to get him into physical therapy. He wants to go back to light duty tomorrow. He can drive short distances without the sling. I do not want him to do any overhead lifting with the arm. I will see him back in three weeks for recheck. DHJ/tg (2/11)

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PHYSICAL EXAMINATION: There is mild tenderness along the deltoid, good ROM.

PLAN: I will see him back here in a month. I will continue to put him in light duty at work. He will start some strengthening per protocol and ease out of the sling. DHJ/tg (3/4)

3/23/09: Thomas is back and doing better. He still has pain in the front of his deltoid area and some stiffness in the shoulder. He still has difficulty sleeping on the right side.

PHYSICAL EXAMINATION:

He can flex about to 130. Abduct to about 90. Strength is 4+/5 with mild discomfort. He has tenderness over the anterior deltoid fibers.

PLAN: He'll continue his PT. I'm going to put him at light duty, no overhead lifting, 10 pounds lifting with the right arm. D/C use of the sling. He has not yet reached MMI. I anticipate these sx's to resolve as soon as the stiffness is gone out of the shoulder.

SLP

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwich, M.D.

PATIENT: Thomas Contreras
CHART NO: 105794
DOB: 9/25/61

PAGE: Nine

12/19/08: CHIEF COMPLAINT: Thomas is here for follow up of his right shoulder MRI.

DIAGNOSTIC IMAGING: MRI was done on 12/12/08 shows a superior labral tear with no evidence of a rotator cuff tear.

HISTORY OF PRESENT ILLNESS: He has had a prior SLAP repair of the left side two years ago and is doing fine from the standpoint of the shoulder. He has similar symptoms on the right consisting of a popping and catching in the shoulder and discomfort with lifting overhead.

IMPRESSION: Superior labral tear of the right shoulder.

PLAN: We will schedule him for right shoulder arthroscopy, débridement, and possible repair of the labrum, if there appears to be anything repairable. He understands the risks of infection, nerve and/or muscle damage, persistent pain and soreness, and limitations of the shoulder. He also understands it will be about three months before he is back to any kind of heavy overhead lifting. I will continue him on light duty for now. He has not yet reached MMI. DHJ/ETS:kp (12/23) 1222-018*

1/20/09: Pt is here for preop H&P prior to left shoulder arthroscopy with SLAP repair and debridement by Dr. Jaskwich at LOSC on 1/26/09. Full H&P has been performed and has been documented on the LOSC sheet in the pt's chart. Risks, benefits and details of the operation have been discussed with the pt. The pt expresses understanding and wishes to proceed. Informed consent has been signed and placed in the pt's chart. All questions have been answered. I have instructed the pt to be NPO the night before surgery. He has also been instructed that this is an outpatient procedure and he will need a ride home the day of surgery as well as someone to be with him 24 hrs postop. An EKG, CXR and BMP were ordered preop. Pt verbalizes understanding of his surgical treatment plan as well as the postop course and elects to proceed. AB/la (1/22)

MAY. 5. 2010 4:29PM

2008-4604

NO. 597 P. 1/1

To: Fay Jennings / Marlene Scott
Fax: 803-412-2453 / 877-710-2667
Date: 5/5/10

Lowcountry Orthopaedics & Sports Medicine
Phone: 843.797.5050 Fax: 843.764.2808

Case #: 11758-7473
ST. 1st District

RETURN TO WORK RECOMMENDATIONS

Employee: Thomas Contreras
Injury Date: 10/8/08

Claim #: 11758-7473
Next Appt: 4/23/10 @ 8:25

- ☒ Work related
☐ Not work related

Diagnosis: Rt Shoulder
Wrist

Work Status

- ☒ Return to regular duty on, Date: 5/5/10
☐ Unable to return to regular duty.
☐ Modified duty if available, Date: _____
☐ Discharged from current care on, Date: _____
☐ Return for follow up if needed with Dr. _____
☐ Permanent Restrictions: _____
☐ Requires sedentary position.

Physical Ability

- ☐ Restricted standing, walking:
☐ Never ☐ Occasional ☐ Frequently Tolerated
☐ Restricted climbing, bending, stooping:
☐ Never ☐ Occasional ☐ Frequently Tolerated
☐ Limited use of ☐ right ☐ left hand/arm.

- ☐ Patient must wear brace/cast
☐ Other: No PT test

- ☐ Driving ☐ yes ☐ no
☐ Alternate position (sit, stand, walk...)

Recommendations

(Please give WC copies of all orders.)

Radiograph Studies: _____

Diagnostic Tests: _____

Surgery: _____

Physical Therapy: _____

Consult to Dr: _____

Weight lifting restrictions:

- R ☐ 0# ☐ 1-15# ☐ 16-35# ☐ 36-50#
L ☐ 0# ☐ 1-15# ☐ 16-35# ☐ 36-50#

Overhead work:

- ☐ Never ☐ Occasional ☐ Frequently Tolerated

Patient ☐ has ☒ hasn't reached MMI Expected MMI date: _____

Physician Signature: _____ Date: 5/5/10

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee's signature: _____ Date: _____

WHITE - CHART

YELLOW - WORK COMP

PINK - PATIENT

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE

James D. Spearman, M.D.

117589473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB: 9/25/61

PAGE: Eight

12/3/08: CONSULTING PHYSICIAN: James Connolly, M.D.

Worker's Compensation-DOI: 10/8/08

HISTORY OF PRESENT ILLNESS: This is a 47 YOM with right shoulder pain. The patient has a history of right shoulder pain post lifting weights back in October. He presents today for evaluation and treatment.

PAST MEDICAL HISTORY/REVIEW OF SYSTEMS: On the chart and reviewed, signed and dated today's date.

PHYSICAL EXAMINATION:

Vital signs:

Height 5'8"

Weight 228 lbs

Upper extremities: Left shoulder shows full ROM without pain, swelling or instability.

Right shoulder shows mild weakness in abduction of supraspinatus, crepitus and pain on ROM.

RADIOGRAPHIC REVIEW: X-rays showed decreased subacromial space. The patient also has positive cross over maneuver as well as tenderness over the AC joint. Again, there is evidence of significant AC arthritis on x-ray.

PLAN: I recommend that we go ahead and obtain an MRI to rule out a rotator cuff tear. We will see him back after the MRI. I will keep him on light duty until he returns. JDS/tg (12/10)

89

PO Box 62945
North Charleston, SC 29419-2945
843-207-7130
843-207-8633 Fax NOV 19 2008
800-948-8020

To: Chief Carter
Fax# 550-3687
From: CP
of Pages 1

Time In 8:00 Time Seen 8:15 Time Out

Employer: SF John J. Fire

Date of Injury: 10-8-08 Date of Last Visit: 10-14-08

Date of Last Visit: 10-14-08

Patient Statement of Condition: IT STATES THAT THE PT HAD AT ISLAND PHYSICAL
THURSDAY MADE THE PAIN WORSE. HIS PAIN IS UNCONTROLLABLE. LEVEL OF
PAIN IS 8/10 - 20

Vital Signs BP _____ Pulse _____ Temp _____ Resp _____
Physical Exam _____

See note from D(1)

Today - still on feed duty - go pain
e abstraction. Difficultly put face on
pact - insects on seeing his
opposed. Ethel who managed
his (rotator cuff) tear the year
ago.

Additional Laboratory / X-ray Exam. none

Treatment and/or Disposition

Imp Shouldo (Tracy
misfused / us fear

Also on the console

Impression of Patient Progress or Condition: _____

Left mess and club 1/2 miles

Work Status: ☐ Regular Duty ☐ Light Duty (See Physical Capacities Form) ☐ Off Work
Return Status: ☒ Return Visit (Date) after release ☐ Discharged ☐ Discharged with residual (See Physical Capacities Form)
Return For: ☐ Physician Visit ☐ Physical Rehabilitation ☐ Physical Therapy

Physician Signature: [Signature]



ATLANTIC OCCUPATIONAL HEALTH, INC.

3625 W. Montague Ave.
N Charleston, SC 29418
843-207-7130

NAME Thomas Coutre DATE 10/22/08

ADDRESS _____

Rx

Shoulder strain

PT 3x weekly

☐ Please Label

Refill _____ Times

Re-memo

Dispense as Written

DEA #

License #

Substitution Permitted

92



ATLANTIC OCCUPATIONAL HEALTH, INC.
Industrial Medicine Specialist

PO Box 62945

North Charleston, SC 29415-2945

843-207-7130

843-207-8633 FAX OCT 14 2008

800-948-8020

BY:

Corvel Scan Date: 10/24/2008

To: Crissy Carter
Fax # 559-31087
From: CP
of Pages 1

Patient Return Report Date

OCT 14 2008

Name: Tommy Contreras

Time In: 8:00

Time Seen: 8:15

Time Out

S.S.#: 1-758-7473

Employer: St. Johns ED

Diagnosis: Shoulder Strain

Date of Injury: 10-8-08

Date of Last Visit: 10-9-08

Patient Statement of Condition: He states that he still has sharp pain

when lifting or raising arm over head 6/10

Vital Signs BP

Pulse

Temp

Resp

Physical Exam

Continues to pain
PE unchanged - no
abd - w/ ext rotation
with ext restriction

Additional Laboratory / X-ray Exam

Treatment and/or Disposition

Advised round of PT
He claims employer will
not allow PTA to
Had Rotator cuff tear 10/1
in shoulder 2 years ago
consulted with
investigate

Impression of Patient Progress or Condition:

Will contact pt re: results/
shoulder strain w/ tear decision

Work Status: ☒ Regular Duty

☐ Light Duty (See Physical Capacities Form)

☐ Off Work

Return Status: ☐ Return Visit (Date)

see above

☐ Discharged

☐ Discharged with residual (See Physical Capacities Form)

Return For: ☐ Physician Visit

☐ Physical Rehabilitation

☐ Physical Therapy

Physician Signature:

TS Steuermann

OCT 14 2008

AB

Bon Secours St. Francis Hospital
2095 Henry Lecklenburg Drive
Charleston, SC 29414
843-402-1030

Fina

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS

Account Number: 0828201311

Medical Rec. Number: 000774899

Birthdate: 09/25/1961

Arrival Date: 10/08/2008 18:49

Primary MD: Patient has no PCP

Visit Date: 10/08/2008 19:01

Vital Signs/Data

Time	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain
19:01	98.1 F Oral	89 /min	18 /min	165/97 mm hg.	98% on Room air	7/10

Allergies

No known allergies (VS2 10/08/2008 19:01)

Chief Complaint

Soft tissue injury to posterior right shoulder. (VS2 10/08/2008 19:01)

Pre-Hospital Treatment

Patient arrived by private transportation. (VS2) 10/08/2008 19:01

Triage

4-Non-urgent (VS2 10/08/2008 19:01)

No language barrier. (VS2 19:01)

History comes from patient. (VS2 19:01)

Onset of symptoms was about hrs ago. (VS2 19:01)

Patient has no history of tobacco use. (VS2 19:01)

Patient denies use of alcohol. (VS2 19:01)

Patient denies illicit drug use. (VS2 19:01)

Patient is triaged to the Main LH WH. (VS2 19:01)

Height/Weight

Hgt: 69 inch (VS2 10/08/2008 19:01)

Wgt: 103.6 kg (VS2 19:01)

Current Medications

Patient is on medications. (VS2 10/08/2008 19:01)

Nursing Assessment

GENERAL

NEGLECT/ABUSE: Survey shows NEGATIVE risk for this patient. (VS2) 10/08/2008 19:01

MENTAL STATUS

Normal ambulatory status. Alert, oriented and fully verbal. (DD4) 10/08/2008 20:21

NEUROLOGIC

Alert and oriented x3. Speech clear. Responds to commands. Moves all extremities. (DD4) 10/08/2008 20:21

SKIN

Skin is warm, dry and intact with normal color and turgor. The skin over the right shoulder is intact without visible abrasion or laceration. There is pain and swelling noted over the right shoulder. No active bleeding noted over the right shoulder. No local drainage. (DD4) 10/08/2008 20:21

94

Print Date: 10/08/2008 21:07

Confidential Medical Record

PRINTED BY: [illegible]

Page 1 of 5

Bon Secours St. Francis Hospital
2095 Henry Lecklenburg Drive
Charleston, SC 29414
843-402-1000

F00a

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS

Medical Rec. Number: 000774899

Arrival Date: 10/08/2008 18:49

Visit Date: 10/08/2008 19:01

Account Number: 0828201311

Birthdate: 09/25/1961

Primary MD: Patient has no PCP

Nursing Assessment

HEENT

Eyes, ears and nose without visible drainage. Swallowing without difficulty. No reported change in hearing. No reported change in vision. (DD4) 10/08/2008 20:21

PULMONARY

Bilateral breath sounds clear. Respirations regular and unlabored. Mucous membranes and nail beds pink. (DD4) 10/08/2008 20:21

CARDIAC

Pulse regular, no complaint of chest pain. Peripheral pulses palpable. No peripheral edema. Capillary refill less than 2 seconds. (DD4) 10/08/2008 20:21

ABDOMINAL

Abdomen soft, non-distended, non-tender. Bowel sounds audible. No complaint of nausea, vomiting, diarrhea, or constipation. (DD4) 10/08/2008 20:21

GU

Able to empty bladder without dysuria. No complaint of frequency or urgency. (DD4) 10/08/2008 20:21

SOFT TISSUE

Neurovascular exam intact, Normal upper extremity capillary refill (less than 2 sec), Normal radial pulse. (DD4) 10/08/2008 20:21

Clinician History of Present Illness

right shoulder pain possibly from lifting wts (VS2) 10/08/2008 19:01 Exam started at 20:05 Presenting problem started few hours ago. History comes from patient. Have reviewed and agree with RN note. Able to get a good history. No direct trauma. Patient developed injury while lifting weights. The skin over the right shoulder is intact. No active bleeding or abrasions. Patient complains of pain over the right shoulder. Had a characteristic pulling/reaching type of injury to the right shoulder. No history to suggest any head injury. The patient states that this problem is job related. (SJT) 10/08/2008 20:05

Past Medical and Surgical History

HTN-hypertension; Hypercholesterolemia; NIDDM; Asthma; S/P Shoulder surgery left (VS2) 10/08/2008 19:01

Review of Systems

Except as noted all other ROS negative. (SJT) 10/08/2008 20:05

Physical Exam

GENERAL:

The patient is a middle aged adult male in no acute distress. No evidence of significant external trauma. Vital signs reviewed. Alert. The patient appears to be comfortable. (SJT) 10/08/2008 20:05

PULMONARY:

Unlabored respiration - No respiratory distress. No evidence of local chest wall tenderness or external injury. (SJT) 10/08/2008 20:05

NEUROLOGIC:

No motor deficit. No sensory deficit. Alert. (SJT) 10/08/2008 20:05

95.

Bon Secours St. Francis Hospital
2085 Henry Leckenberg Drive
Charleston, SC 29414
843-402-1000

Fina

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS	Account Number: 0828201311
Medical Rec. Number: 000774899	Birthdate: 09/25/1961
Arrival Date: 10/08/2008 18:48	Primary MD: Patient has no PCP
Visit Date: 10/08/2008 19:01	

Physical Exam

MUSCULOSKELETAL:

The patient has mild to moderate joint pain with movement of the right shoulder. Moderately tender to palpation over the right shoulder. No evidence of soft tissue swelling over the right shoulder. No palpable effusion over the right shoulder. The area over the right shoulder shows no sign of contusion. No evidence of hematoma at this site. The overall exam surrounding the right shoulder is consistent with a mild to moderate sprain/strain. Normal AC joint exam. Normal clavicular exam. Humeral head palpable with no defect. Abnormal biceps tendon exam: Normal rotator cuff and bursa exam of the shoulder. Normal shoulder alignment. Distal neurovascular exam normal. The biceps tendon is tender to palpation along the course of the bicipital groove. Contraction of the biceps causes pain along the course of the long head of the biceps tendon. Normal exam of the supraspinatus muscle and tendon. The superior bursa of the shoulder is normal with no evidence of effusion. (SJT) 10/08/2008 20:05

SKIN:

The right elbow is non tender and the patient has a normal adjacent chest wall exam surrounding this shoulder. The skin over the right shoulder is intact with no lacerations or significant abrasions. Skin color is normal. (SJT) 10/08/2008 20:05

SOFT TISSUE:

The rest of the soft tissue exam is normal. (SJT) 10/08/2008 20:05

Progress Notes

The exam supports a bicipital tendinitis. (SJT) 10/08/2008 20:05

Primary Diagnosis

Bicipital Tendonitis, right shoulder (SJT 10/08/2008 20:19)

Non-Drug Orders

PATIENT SPECIFIC DATA weight: 103.60kg/228.4lb;

Entered (ER 10/08/2008 20:15) In Progress (DD4 20:03) Completed (DD4 20:03) MD Sign (ER 20:15)

PATIENT SPECIFIC DATA height: 172.72cm/58.0in;

Entered (ER 10/08/2008 20:15) In Progress (DD4 20:03) Completed (DD4 20:03) MD Sign (ER 20:15)

XR SHOULDER 2 VIEW MIN injury Right

Entered (ER 10/08/2008 20:15) In Progress (ER 20:34) MD Sign (SJT 20:15) Notes: Taken to X-ray. Returns from X-ray. (DD4 20:03)

Results

XR SHOULDER 2 VIEW MIN injury Right - films were reviewed by me. (SJT 10/08/2008 20:55)

No radiographic evidence of acute fracture. (SJT 20:55)

No radio-opaque foreign body noted. (SJT 20:55)

No significant degenerative or osteoporotic changes on plain films. (SJT 20:55)

Normal joint space. (SJT 20:55)

Disposition

Patient discharged from department. Condition at discharge - stable. I have reviewed the chart of THOMAS CONTRERAS and it is ready for final disposition - STEVEN J TAYLOR-MD MD. (SJT) 10/08/2008 20:33 Patient discharged from department. Discharged home. Left department with family. Verbalizes understanding of after-care instructions. Verbalizes understanding of need for follow-up and how to access follow-up care. Verbalizes understanding of signs and symptoms to return to ED. A disposition has been done for THOMAS CONTRERAS. The dispositioning nurse is DORIS L DAVIS RN (electronic signature). Patient removed from Tracking Board by DORIS L DAVIS RN. (DD4) 10/08/2008 21:06

Print Date: 10/08/2008 21:07

Confidential Medical Record

PRINTED BY: [REDACTED] DATE: 10/20/2008

Page 3 of 5

Bon Secours St. Francis Hospital
2085 Henry Lecklenburg Drive
Charleston, SC 29414
843-402-1000

Fina

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS	Account Number: 0828201311
Medical Rec. Number: 000774899	Birthdate: 09/25/1961
Arrival Date: 10/08/2008 18:49	Primary MD: Patient has no PCP
Visit Date: 10/08/2008 19:01	

Discharge Instructions

SHOULDER PAIN

Your exam shows your shoulder pain is due to one of several possible conditions. Tendinitis, bursitis, or an injury to the tendons that surround the joint (the rotator cuff) can all cause similar pain and difficulty moving the shoulder. All these conditions can also lead to a "frozen" immobile shoulder if they are not treated properly. The treatment of these problems is similar:

*Rest the shoulder and avoid any painful movements for the next week. Use a sling for comfort if needed.

*Apply ice packs every few hours to the shoulder for 2-3 days; then begin heat treatments to improve motion when the pain is better.

*Medicine to reduce inflammation and pain is often very helpful.

*Cortisone-like medicine injected into the bursa or around an inflamed tendon can also bring prompt relief. This is usually considered if rest, ice, and medications do not bring relief.

*Shoulder rehabilitation exercises are important in preventing a frozen joint. When your pain improves you should bend forward and gently swing your arm like a pendulum 3-4 times daily to help restore motion. Please see your doctor for further care as advised. Rarely shoulder pain is caused by heart problems; call your doctor, 911, or the emergency room right away if you have severe chest pain, weakness, sweating, breathing difficulty, or nausea.

Additional Instructions

Limit position or activity that makes pain worse. Cold packs to tender area 3-4 times a day. No heat. Take Ibuprofen (Motrin) 800mg (4 tablets) at 11PM, 7AM, 3PM for 1 week. This can recur, so be careful with weight lifting in the future. (SJT) 10/08/2008 20:33

Diagnosis Codes

726.12	Bicipital Tendonitis	Primary Diagnosis: Y
250.00	NIDDM	
272.4	Hypercholesterolemia	
401.1	Borderline diastolic BP determination this visit	
401.1	Moderate elevation of systolic BP this visit	
401.9	Hx of Hypertension	
493.90	Asthma	
719.41	Local tenderness to palpation over right shoulder	
719.41	Pain involving the right shoulder	
719.41	Pain with movement of right shoulder	
726.12	Bicipital tendonitis	
840.8	Sprain/strain of the right shoulder	
959.2	Soft tissue injury posterior right shoulder	
E917.9	Blunt shoulder injury	
E927	Lifting injury	
V13.8	NIDDM	

CPT Codes

73030-52
94760
99284
99455

97

Print Date: 10/08/2008 21:07

Confidential Medical Record

PRINTED BY: [signature] DATE

Page 4 of 5
0/20/2011

Staff Legend
DD4 DORIS DAVIS RN
SJT STEVEN TAYLOR-MD MD
VS2 VICKIE SMITH RN

784

Print Date: 10/08/2008 21:07

Confidential Medical Record

PRINTED BY: CENOMM

305

DATE

Page 5 of 5

8/30/2011

MR#: 000774839 DOB: 09/26/61
CONTRERAS, THOMAS J
St Francis
PHYS: ECEEN-PA, KATE S
STC
[Patient Id] [Barcode]
ICCTA: 17074-00110 03/24/11

REHABILITATION SERVICES
PHYSICAL THERAPY PLAN OF CARE 3/24/11

MEDICAL DIAGNOSIS: 3rd Dancie scope TREATMENT DIAGNOSIS: Dancie Pain
Date of Onset: 1/2 2008 - 1st ankle ex Difficulty in walking
Special Instructions: Gentle AROM - DF, PF - NO Aggressive INV/FB

Functional Level Prior to Admission: (1) walking & ADL's 2nd ankle @
Begin prog. WB 50% in boot - transition to 100% WB in boot as pain allows.
Functional Impairments/Problems: gentle strengthening.

- 1st ankle walking & WB activity
- unable to bowl or dish
- effusion
- ↓ strength
- ↓ ROM

Physical Therapy Treatment Plan	
☒ Home Exercise Program	☒ Gait Training
☐ Posture/Body Mechanics Training	☒ Functional Training
☒ Neuromuscular Re-education	☒ Moist Heat/Ice
☐ Work Hardening	☒ Ultrasound
☐ Lumbar/Cervical Stabilization	☒ Electrical Stimulation
☒ Soft Tissue Massage/MFR	☐ US/ES
☒ Joint Mobilization	☐ Whirlpool
☐ Lumbar/Cervical Traction	☐ Aquatic Therapy
☒ Therapeutic Exercise	☒ Vaso
☐ Iontophoresis	☒ Joint Compression
	☐ Other

Short Term Goals: (30) Days

1. 1st AHEP
2. 1st AROM DF to -3.5°
3. 1st AROM PF to 0°
4. Minimal to no effusion

POTENTIAL FOR GOAL ACHIEVEMENT:

FREQUENCY: 2x week

Signature of Therapist: [Signature]

Long Term Goals: (90) Days

1. TOL WB out of boot to prog
2. 5K @ ankle joint activity
3. Ann ↑ ↓ stairs reciprocally
4. Return to bowling & fishing activity.

DURATION: 90 Days
Date: 3/24/11 Time: 3:30

I certify that the above named patient is under my care and supervision, and that the care described above is reasonable and medically necessary for this patient.

Physician's Comments:

Signature of Physician: [Signature]
Authenticated by: Flake Nelson, MD
On 03/26/2011 11:59:51 PM

Date: _____ Time: _____

Origin: 1/1M
Revised: 3/24/11 5:09



SCANNED
99

REHABILITATION SERVICES DISCHARGE SUMMARY

MR#: 000774899: DOB: 09/25/61
CONTRERAS, THOMAS J
St Francis ETC
PHYS: EDEN-PA, KATE S



ACCT#: 11074-00118 03/24/11

NAME: _____
ACCT #: _____
MD: _____

DISCHARGE DATE: 6/17/11

DIAGNOSIS: Ankle Instability (Impingement)

PERIOD OF TIME PATIENT SEEN: FROM 3/24 TO 5/31 # OF VISITS 18

S: Please refer to last PN on
pt's last visit

O: _____

A: SHORT TERM GOALS = _____ WEEKS LONG TERM GOALS = _____ WEEKS

COMMENTS: _____

P: D/C

THANK YOU FOR THIS REFERRAL

SIGNED Whitney Reed PT/OT/SLP
11/12

UTAK



SCANNED

**BON SECOURS
ST FRANCIS HOSPITAL**

MR: 00074889 DOB: 09/25/61
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S



ACCT# 11074-00119

03/24/11

2095 Henry Technburg Drive
Charleston, SC 29414
Phone 843/402-2014
Fax 843/407-1229

"Tommy"

General Ortho Evaluation

Date: 2/24/11

Primary Diagnosis: s/p ankle scope

Treatment Diagnosis

ankle
Difficulty in walking

Occupation/Recreation: Retired

Hx/Subjective: 49 y/o male s/p ankle scope 2/24/11. A
referred to initiate PT @ hrs s/p.

Previous treatment for current problem: prev PT @ RCC prior to sx, p initial
ankle fx.

Prior Level of Function: _____

Precautions: _____

MRI / X-Ray / Other: 0

Pain Scale (0-10; 10 being worst) Current: 7/10 - 1° along anterior

Range of Motion: _____ WNL _____ WFL

ankle, subotalar jt line.

Limitations: _____

ANKLE ROM	(L)	(R)	Effusion	(L)	(R)
PF	-15°	+10°	fig 8:	55.3cm	54cm
PF	+40°	+70°			
Inv	16°	35°			
EV	10°	38°			

Other Joint: _____ WNL _____ WFL

Limitations: 0 tight HS - unable to long sit well

Strength: _____ WNL _____ WFL

Limitations: NOT TESTED

Sensation: 0

Posture: 0

Palpation: 0

Special Tests: 0

Equipment (braces, supports, etc.): walking boot

Observation (girth, edema, skin problems, etc.): girth - see above

- Incisions: clean & intact @ no drainage

Transfers: Gait - presents poor - 0 crutches, gait training

Coordination/Balance: 0 using step to slight step through

Functional Limitations: quit pattern - 0 crutches

see POC

Functional Limitations: see POC

Treatment/Response: Eval x 15 min; Gait Training x 10 min;
Therex per flow sheet x 20 min; H&P;
Vaso comp. to foot x 10 min

Reviewed Diagnosis and Anatomy ☒ Yes ☐ No

☒ Rx Plan was discussed with Patient Family/Caregiver

☒ Patient/Family/Caregiver Training: Exercises/Activity taught to ☒ Patient ☐ Family/Caregiver

☒ Patient/Family/Caregiver demonstrates understanding and performs correctly

☒ Written copy of instruction(s) given

Other: _____

Assessment: (for problem list and goals see Plan of Care) Pt is a good
candidate for skilled PT

Patient Goal(s): ↓ pain & be able to bowl & fish

Plan: see P.O.C

Whitely Reed PT, ATC

PHYSICAL THERAPIST

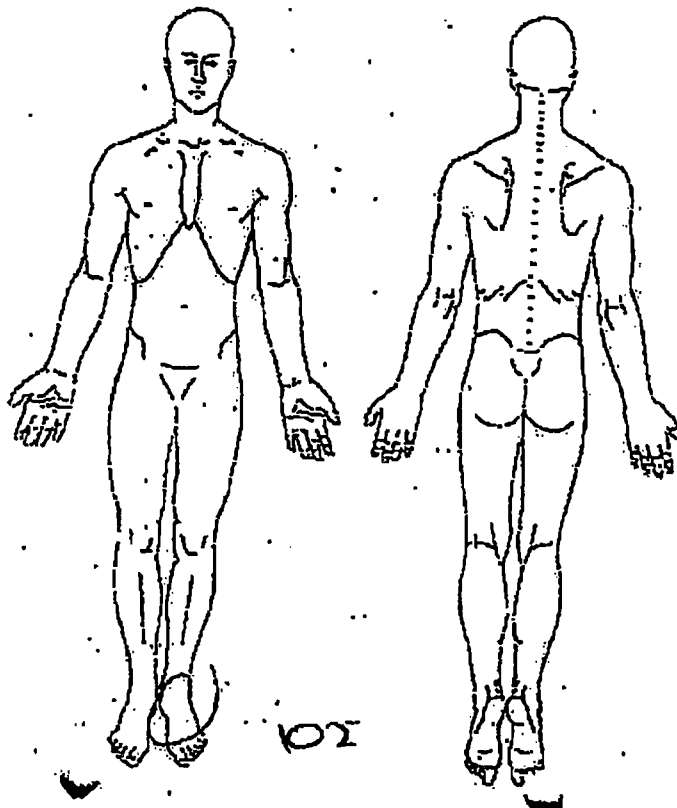
3/24/11

DATE

MR#: 000774889 DOB: 09/25/61
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S



UOCT#: 11074-00119 03/24/11



MR#: 008714899 DOB: 09/26/61
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S



ACCT#: 11074-00119 03/24/11

REHABILITATION SERVICES PATIENT INFORMATION SHEET

NAME: THOMAS CONTRERAS

TELEPHONE#: (home) 843-769-4429

DATE: 3/24/11

(work/cell) 843-327-5387

REFERRING PHYSICIAN: DR. OILSON

NEXT DOCTOR'S APPOINTMENT 4/18/11

WHAT TYPE OF WORK DO YOU DO? RETIRED

WHAT IS YOUR PHYSICAL PROBLEM/WHY DID YOUR DOCTOR SEND YOU FOR THERAPY? (If you have had recent surgery, please give type of surgery and date) ANKLE SURGERY

WHEN AND HOW DID THIS PROBLEM START? 1.5 YEARS AGO

DOES THIS PROBLEM INTERFERE WITH YOUR NORMAL DAILY ACTIVITIES? (If yes, please explain) WALKING SOMEWHERE

WHAT PREVIOUS THERAPY HAVE YOU HAD? NONE

WHAT MEDICATIONS DO YOU TAKE AND WHEN? ALIBRA (OXYCODONE)

PLEASE LIST ANY PAST SURGERIES: ANKLE, SHOULDER & V.

DO YOU HAVE ANY METAL IMPLANTS: (such as IUD, wires, pins, screws, artificial joints) NO

DRUG ALLERGIES: (such as xylocaine, betadine/iodine, chlorine, cortisone, etc.) PENICILLIN

DO YOU HAVE ANY OTHER INFORMATION OR HEALTH PROBLEMS YOUR THERAPIST SHOULD KNOW?

- ☐ Cancer
- ☐ Heart Problems
- ☐ Pacemaker
- ☐ Rheumatoid Arthritis

- ☒ Diabetes
- ☐ Seizures
- ☐ Pregnancy
- ☐ Osteoporosis

- ☒ Shortness of Breath
- ☒ Blood Pressure Problems
- ☒ Asthma
- ☐ Other

If you have checked any of the above, please explain:

WHAT DO YOU HOPE THERAPY WILL DO FOR YOUR PROBLEM?

DO YOU HAVE ANY LEARNING BARRIERS THAT WE NEED TO BE AWARE OF? NO

HOW DO YOU LEARN BEST? VISUAL DEMONSTRATION / OTHER

IS THERE ANYTHING ELSE YOU WISH TO ADD?

MAY WE CONTACT YOU AFTER THERAPY FOR FOLLOW-UP? YES

IF SO, WHAT NUMBER SHOULD WE USE TO CONTACT YOU AND IS THERE ANYONE ELSE WE SHOULD TALK TO REGARDING YOUR CARE? 843-327-5387

MAY WE LEAVE YOU A MESSAGE? YES NO



THE UNIVERSITY OF CHICAGO

03/24/11

[illegible]

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104

WATER

PNOWE
NS/13/11

MO FID 6/6/11

MR: 090774889 DOB: 09/25/61
CONTRERAS, THOMAS J
ST Francis STC
PHYS: EDEN-PA, KATE S

① Ankle s/p score



General Therapeutic Exercise Log

ACCT#: 11074-00119 03/24/11

Date (across)	4/20/11	4/22	4/23/11	4/29/11	5/6/11	5/12/11	5/17/11	HEP ISSUED
Treatment (below)	Level 5 5 MIN	Level 5 10 MIN	Level 5 10 MIN	Level 6 10 MIN	Level 6 10 MIN	Level 6 10 MIN	Level 6 10 MIN	
Wrist								
Ankle pumps	x30	HEP	—	HEP	—	—	—	
Ankle circles								
Seated gastroc stretch		3x30	3x30	3x30	3x30	3x30	3x30	
Seated DF/PF		HEP	—	HEP	—	—	—	
Toe crunches		1	—	—	—	—	—	
Ball training		—	—	—	—	—	—	
Standing Weight		—	—	—	—	—	—	
A-Z	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	
Seated PF/heel raise		—	—	—	—	—	—	
Weighted PF/DF	#2 30	—	—	—	—	—	—	
SLR ABD		—	—	—	—	—	—	
BARB BOARD	Level 2 30 EACH	—	—	Level 5 30 EACH	—	—	—	
Rice bucket	A-Z 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	
Nail slides		—	—	—	—	—	—	
Step-ups Fwd	rice bucket 1x	small 20x	small 20x	large 20x	large 20x	large 20x	large 20x	
Retro Step-up	rice bucket 1x	small 20x	small 20x	large 20x	large 20x	large 20x	large 20x	
Heel Raises	rice bucket 1x	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	
Tandem Balance	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	
Lat Amb. Arm. Beam	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	
F/B Amb. Arm. Beam	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket 1x	
Standing DF	rice bucket 1x	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	
Weighted EV (SL)	rice bucket 1x	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	
Digress toe ext. stretch	rice bucket 1x	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	
SL Balance	rice bucket 1x	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	
PF stretch	rice bucket 1x	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	
Boss 2 Weight Shifts	rice bucket 1x	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	
Boss Balance	rice bucket 1x	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	rice bucket 2x10	

Origin: 4710

Wristy
Deaf
for
H/TZ



slp ankle scope 2/24/0

Patient Identifier

gentle strengthening

* P1 unable to use T-be

General Therapeutic Exercise Log

Office: 4:20

WAB: 000774888 DOB: 09/26/61
CONTRERAS, THOMAS J
St Francis SIC
MYS: EDEN-PA, KATE S



LECTA: 11074.00119 03/24/11



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OPTIMAL INSTRUMENT

Difficulty-Baseline

Instructions: Please circle the level of difficulty you have for each activity today.

	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Lying flat						
2. Rolling over	1	2	3	4	5	9
3. Moving-lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/sloping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Walking-short distance	1	2	3	4	5	9
10. Walking-long distance	1	2	3	4	5	9
11. Walking-outdoors	1	2	3	4	5	9
12. Climbing stairs	1	2	3	4	5	9
13. Hopping	1	2	3	4	5	9
14. Jumping	1	2	3	4	5	9
15. Running	1	2	3	4	5	9
16. Pushing	1	2	3	4	5	9
17. Pulling	1	2	3	4	5	9
18. Reaching	1	2	3	4	5	9
19. Grasping	1	2	3	4	5	9
20. Lifting	1	2	3	4	5	9
21. Carrying	1	2	3	4	5	9
22. Thinking about all of the activities you would like to do, please mark an "X" at the point on the line that best describes your overall level of difficulty with these activities today						

I have extreme difficulty doing any of the activities that I would like to do

I have no difficulty doing any of the activities that I would like to do

23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to climb stairs, kneel, and hop without any difficulty, you would choose 1 12, 2 8, 3 13)

1 2 3

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Approved in May 2005 and August 2006 with permission of APTA from Guillermo AA, Mielenz TJ, De Vellis RF et al. Development and testing of a self-report instrument to measure functional Physical Therapy Improvement in Movement Assessment Log (OPTIMAL). Phys Ther 2005;85:515-530

MR#: 080774893 DOB: 09/25/61
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN, KATE S



ACCT: 11074-00119

03/24/11

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DATE

03/10/2011

Whitney Road



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1. Without moving your knees or hips turn the bottom of your foot outward as far as you can.

2. Hold _____ seconds

3. _____ repetitions _____ times per day



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1. Walk on heels with toes on ground off the feet.

Hold on to wall for support if necessary.

2. _____ repetitions _____ times per day

1. Push your body against a wall as shown with

2. Push on the ground with your feet as shown

3. Lean into wall as shown so that you feel a stretch

4. Hold _____ seconds

5. _____ repetitions _____ times per day

Not before

MRA: 200774858 DOB: 08/25/61

CONTRERAS, THOMAS J

SA Francis STC

PHYS: EDEN-PA, KATE S



ACCT#: 11074-00119

03/24/11

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Bill of PhysioTech

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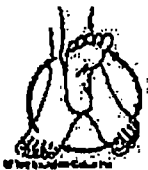
DATE:

9/30/2011



0 The Goodbye Sleep

1. Bend knees up toward your body as far as possible
2. Hold _____ seconds
3. Move your feet away from your body
4. Hold _____ seconds
5. Repeat 10 times _____ times per day



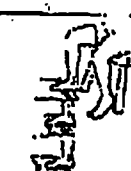
0 The Goodbye Sleep

1. Move your feet around slowly in a large circle
2. Repeat in the opposite direction
3. _____ repetitions _____ times per day



0 The Goodbye Sleep

1. Sit on floor with knees bent as close as possible to your body
2. Pull up on feet toward your body until you feel a stretch
3. Hold _____ seconds
4. _____ repetitions _____ times per day



0 The Goodbye Sleep

1. Sit with feet flat on the floor with knees bent
2. Keeping feet on floor, slowly lean back as far as possible
3. Hold _____ seconds
4. _____ repetitions _____ times per day



0 The Goodbye Sleep

1. Assume position shown, with _____ feet flat on floor
2. Keep the whole foot flat on the floor
3. Move the feet slowly and backward until you feel a stretch
4. Hold _____ seconds
5. _____ repetitions _____ times per day

MR#: 058774888 DOB: 09/26/81
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S



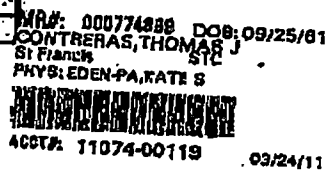
ACCT#: 11074-00119 03/24/11

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SPINE AND SPORTS PROGRESS NOTE:

DATE >	DATE:	DATE:	DATE:
TIME OUT:	3:45	1:30	9:10
EXERCISE:	1. 35	2. 35	3. 35
OTHER EX SUP	(16)	(17)	(18)
AQUA SUP	5. 35	6. 35	7. 35
GAIT TRAINING	8. 35	9. 35	10. 35
WORK HARDENING	11. 35	12. 35	13. 35
MODALITIES:	14. 35	15. 35	16. 35
ESTIM UNATTENDED	17. 35	18. 35	19. 35
FLUIDO	20. 35	21. 35	22. 35
IONTO	23. 35	24. 35	25. 35
MASS/MFR	26. 35	27. 35	28. 35
TRACTION-MECH	29. 35	30. 35	31. 35
US - PHONO	32. 35	33. 35	34. 35
EVAL 15 MIN	35. 35	36. 35	37. 35
EVAL 45 MIN	38. 35	39. 35	40. 35
RE-EVAL 15 MIN	41. 35	42. 35	43. 35
RE-EVAL 45 MIN	44. 35	45. 35	46. 35

pnj

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SPINE AND SPORTS PROGRESS NOTE

DATE	DATE: 4/29/11	DATE: 4/29/11	DATE: 5/6/11
TIME OUT:	1:50 2:29	11:25 12:30	12:55 1:50
EXERCISE:	3. Reports no new cl's or issues today.	8. Pt reports pain ~3/10 today. Pt's C10-C7 (P) at distal motor/sensor joints & has some swelling.	8. Pt reports he has GLID currently. Pt reports he has more (P) towards front of knee now vs. toes, as well as visit.
THER EX SUP	0. Ther for Frontal/Ext x 30 min. Assisted pt. in gym = exercises for correct form and safety.	0. NO-STEP warm-up x 10 minutes. Ther x per flow sheet x 35 min & PT INSTRUCTION.	0. NO-STEP warm-up x 10 minutes. Ther x per flow sheet x 35 min & PT INSTRUCTION.
AQUA SUP	Rx ended @ 2:29. 1. Vasopneumatic x 10 min to ankle.	1. NO-STEP warm-up x 10 minutes. Ther x per flow sheet x 35 min & PT INSTRUCTION.	1. NO-STEP warm-up x 10 minutes. Ther x per flow sheet x 35 min & PT INSTRUCTION.
GAIT TRAINING	A. Pt. is no increased discomfort or pain during Rx. Initiated all activities. Walk.	2. VASO x 10 min to foot.	2. VASO x 10 min to foot.
WORK HARDENING	P. Anterior ROM	A. Pt. has 7/10 pain at C6-C7 area for P10 to also then and 3/10 at distally to C7. This sort of development is normal (P) for C6-C7. Pt. can Rx well. Only C6-C7 to C7. Stretching.	A. Pt. continues to tolerate prog. strengthening & ROM exercises.
MODALITIES:		P. Can't 2. POC. Lucky Veech B. R.	
ESTIM UNATTENDED			
FLUIDO			
IONTO			
MASS/MFR			
TRACTION-MECH			
US - PHONO			
EVAL 15 MIN			
EVAL 45 MIN			
RE-EVAL 15 MIN			
RE-EVAL 45 MIN			



MM: 004774899 DOB: 09/25/81
CONTRERAS, THOMAS J
STC
PHYS: EDEN-PA, KATE S



ACCT#: 11074-00119

03/24/11

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DATE

03/30/2011

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SPINE AND SPORTS PROGRESS NOTE

(PN)

DATE >	DATE: 4/13/11	DATE: 4-20-11	DATE: 4/22/11
TIME IN:	1:00	2:15	12:00
TIME OUT:	1:40	3:00	1:00
SITE:			
EXERCISE:	1. Reps to new 16's.	2. PT SAYS that he	3. PT states he is having
THORACIC:	2. 1. THREE Pk FROWSHEET	1. almost went to the ER	3. more sharp pain
TIER EX SUP:	~ 30 min. Ankle in	lost night 2° (L) ankle, but	S foot not clicking
AQUA EX:	exercises for correct form	and no pain. Today pain	well.
AQUA SUP:	and safety. Rv ended	is 7/10. Boot was removed	PT. 10-step warm-up
FUNCTION TRAINING:	CAMERADY = Vasoconstrict	on Monday.	~ 10 min.
GAIT TRAINING:	~ 15 min. to (L) foot	0: pt performed 5 minute	therex x 10 min
WORK HARDENING:	A. 1. ANKLE PAIN: PF: -5°	warmup on fuel 5. (AS)	a PT instruction per
ADDIT (1 HOUR):	PF: 45°	work x 5 min. Pk gentle	flex sheet.
	EV: 70°	exercises in ROM	ICE x 10 min to
	EV: 10°	and strength in the	(Ankle).
MODALITIES:	No new issues or clg	(L) ankle. Ended tx	N: pt. 10 step well
DIATHERMY:	P: Chiropractic Rv	E. vasopneumatic	Don of what prodn
ESTIM UNATTENDED:		old compression	to 10 min
ESTIM ATTENDED:		to (L) ankle 2. pt in	P. 10 step. 10 step. 10 step.
FLUIDO:		signe and max	Whitehead etc
ICE / CRYOCUPE:		pressure.	
IONTO:		A. pt. 1. pain since	
MANUAL THERAPY:		removal of boot	
MASS / MFR:		P: 10 min Rv.	
MOIST HEAT:		addendum: there's per	
TRACTION - MECH:		Plan sheet x	
US / ESTIM:		15 minutes	
US - PHONO:		15 minutes	
ASOPNEUMATIC:			
EVAL 15 MIN:			
EVAL 30 MIN:			
EVAL 45 MIN:			
EVAL 60 MIN:			
RE-EVAL 15 MIN:			
RE-EVAL 30 MIN:			
RE-EVAL 45 MIN:			
OTHER:			



MR#: 000774888 DOB: 08/25/61
 CONTRAS, THOMAS J
 STC
 PHYS: EDEN-PA, KATE S



ACCT#: 11074-00119 03/24/11

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DATE: 9/30/2011

REHABILITATION SERVICES PROGRESS NOTE

DATE>	DATE: 4/4/11	DATE: 4/6/11	DATE: 4/11/11
TIME OUT:	2:30 Total time: 50' 3:30 Timed ex 40'	2:55 Total time 60' 3:25 Timed ex 50'	2:15 Timed time: 33 min 3:15 Total Kx Time: 50 min
EXERCISE:	S: It's a lot better... I'm ready to give up the crutch	S: It's better. been walking & catch @ home	S: Report no new issues. States he's confident w/ leg
THER EX SUP	O: Pt presents amb. & single crutch using step through gait pattern.	O: Dait: pt tol. amb in boat 3 catches no Kx.	O: THREE Pk Flowsheet x 33 min. Assisted pt. in exercises for control from Kx outlet & GAMMA RAY & vasopressin x 15 min. to (1) foot
AQUA SUP	therapeutic sheet x 40 min x pt vascular weng.	therapeutic sheet x 50 min x pt vascular to chair w/ Kx.	A: Pt continues to progress. No new signs of discomfort or pain. Kx.
GAIT TRAINING	A: Pt Tng w/ in boat & no Kx.	A: Pt drag w/ Kx tolerance amb. & drag w/ Kx.	P: Continue Vt
ORTHOTIC TRAINING	Prox & dist pt tol. ex w/ bil.	A.S. pt tol. drag & exercise & load no crutch down Kx	
W/C MOBILITY	P: Conf & correct POC w/ lucky place P. ATZ	P: Conf & correct P.O.C. w/ lucky place P. ATZ	
MODALITIES:	Adalondam. O: VASOX 10 min in 6 feet week	P: Session. P. Conf & correct P.O.C. w/ lucky place P. ATZ	
ESTIM UNATTENDED			
FLUIDO			
IUNTO			
MASS / MFR			
TRACTION - MECH			
IIS - PHONO			
VASONEUMATIC			
EVAL 15 MIN			

MR: 000774298 DOB: 09/25/81
 CONTRERAS, THOMAS J
 St Francis
 PHYS: EDEN, KATE S
 10074 11074-00719
 03/24/11

SPINE AND SPORTS PROGRESS NOTE

DATE >	DATE: 3/24/11	DATE: 3/28/11	DATE: 4/1/11
TIME IN:	8:30	8:50	1:10
TIME OUT:	9:25	9:55	1:55
VISIT #:	(1)	(2)	(3)
EXERCISE:	eval 15 min	3 pt steps "it feeling better"	5: "Ald better (e) was
THER EX IND	(1) Gait training 10 min	(2) P. presents and	(3) - in AM
THER EX SUP	Therex per flow	2 PWB (1) using	(4) Gait Training for
AQUA EX	Sheet 1 e help	step through feet	transition to one
AQUA SUP	20 min	pattern	enact.
FUNCT TRAINING	Vaso 2 comp	Therex 4 30 min	Therex per flow
GAIT TRAINING	10 min (1) (2) (3)	per flow sheet 2	Sheet x min
WORK HARDENING	See P. e. 10	PT verbal & tactile	2 PT verbal &
NT (2 HOURS)	Urbely Reed	ending	tactile cues
WORK HARDENING	P. ATC	Vaso 15 min for	A. of tol. active DE
ADDIT (1 HOUR)		(P. 2) (3) (4)	of resistance 2x5
MODALITIES:		control	P. also tol 3x5
DIATHERMY		A. progressed on 2	E (1) (2) (3) (4)
ESTIM UNATTENDED		PWB 40 post NW	N/C
ESTIM ATTENDED		Step 5 NWB	P. C. 1 current
FLUIDO		20 min 1 seated 10 min	Urbely Reed
ICE/CRYOCUFF		exercises - pt tol.	P. ATC
IONTO		Ex. well E. no clo	Addendum
MANUAL THERAPY		rest ex.	0: Vaso 10 min
MASS/MFR		- Also added (1)	to (2) fact.
MOISTHEAT		case therapy for	Urbely
TRACTION-MECH		strengthening for	
US/ESTIM		prog. gait activity	
US - PHONO		P. C. 1 current	
VASOPNEUMATIC		P. O. E.	
EVALS:		Urbely Reed	
EVAL 15 MIN		P. ATC	
EVAL 30 MIN			
EVAL 45 MIN			
EVAL 60 MIN			
RE-EVAL 15 MIN			
RE-EVAL 30 MIN			
RE-EVAL 45 MIN			
OTHER:			
QRM revised			

MRN: 000774899 DOB: 09/25/81
CONTRERAS, THOMAS J
St Francis
PHYS: EDEN-PA, KATE S



ACCT# 11074-00119 03/24/11

Roper Hospital
316 Calhoun St.
Charleston, SC 29401
Phone: (843) 724-2870
Fax: (843) 720-8482

St. Francis Hospital
2095 Henry Tecklenburg Dr.
Charleston, SC 29414
Phone: (843) 402-2014
Fax: (843) 402-1229

Roper Hospital - Berkeley
730 Stony Landing Rd.
Moncks Corner, SC 29461
Phone: (843) 719-5578
Fax: (843) 899-4897

Please call (843) 402-5100 to pre-register prior to your first appointment.

on 2/17/11

Date: 4/16/11

Pt. Name: Thomas Contreras Pt. Phone #: _____

Referring Physician: On Un Pt. DOB: _____

Diagnosis: Atk Exacerbation (Epidemiology) Request for: ☐ PT ☐ OT ☐ ST

Special Considerations pt to wear from past to Brown; personal hygiene, prevention, in
add sports conditioning at 10:00 AM

Frequency of Treatment: _____ Duration: 6 wks

☐ Evaluate and
Treat

☐ Aquatic Therapy

☐ Orthotics

3x/week
☐ Exercise
Strengthening
ROM
Balance Training
Stretching
Proprioception

☐ Lymphedema
Treatment

☐ Modalities
Massage/MFR
Cryotherapy
Ultrasound
Electrical Stimulation
Iontophoresis

☐ Manual Therapy

☐ Traction
Lumbar
Cervical

☐ Swallow Study/
Speech Therapy

****I certify medical necessity for therapy services for the above named patient.**

Physician Signature: _____ Date: _____ Time: _____
(stamp not permitted)

MR#: 000774889 DOB: 09/25/81
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S
ACCT#: 11074-00119 03/24/11

**ROPER
ST FRANCIS
HEALTHCARE**

MR#: 000774833 DOB: 09/25/61
CONTRERAS, THOMAS J
St Francis
PHYS: EDEN, KATE S
[Patient] 
ASCT#: 1074-00118 03/24/11

REHABILITATION SERVICES

St. Francis Hospital

Progress Update

Patient Name: Thomas Contreras Date: 4/13/11
Diagnosis: sp Dorsive Scope
Physician: Dr. Eden

PHYSICAL / OCCUPATIONAL / SPEECH THERAPY

PROGRESS UPDATE from 3/24/11 to 4/13/11

Treatment: Therapeutic Ex. program s/p (C)
anxie scope

Therapist Comments: AROM L DE - 5° Pain: 0/10 current
PF 45° @ Worst 3/10
INV 20° (tested in NUB)
EV 10° MMT: DE 5/5
Effusion - fig. 8 55 cm PF 5/5
INV 4/5
EV 4/5

Progression toward Goals:

Goal 1 STG 1 MET LTA 1 - pt still in boot -
no AD needed.
Goal 2 STG 2 MET LTA 2 - partially met
Goal 3 STG 3 + 4 - partially met LTA 3 + 4 - prog.
towards.

Recommendations: Pt to flu 2 MD - will allow
MD orders.

7-11 Treatments in 30 days (which ever comes first)

Therapist Signature: Whitney Leese Date: 4/13/11 Time: 0:00
PT, MC

Origin: 1/06
Revised: 4/10

SCANNED

Bon Secours - St. Francis
2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414

Page: 1

Date:	Name	Acct. #	Financial Class
06/23/11	CONTRERAS, THOMAS J	11074-00119	B - BLUE CROSS
Sex	Birth Date Age	Adm Date	Dsch Date
M	09/25/61 49Y	03/24/11	06/22/11
			LOS 90
Attending Physician		Discharge Status	
EDEN-PA, KATE S		H - H_OUTPT-SENT HOME	
Coder:			

MDC: 23 FACTORS INFLUENCING HEALTH STATUS & CONTACTS WITH HEALTH SERVICES
DRG: 946 REHABILITATION W/O CC/MCC

OUTLIER STATUS: N/A

DIAGNOSIS DESCRIPTION/POA	DIAGNOSIS DESCRIPTION/POA
1.(P) V57.1 PHYSICAL THERAPY NEC/	4. 719.7 DIFFICULTY IN WALKING/
2. 719.47 JOINT PAIN-ANKLE/	5. V45.89 POST-PROC STATES NEC/
3. 718.87 JT DERANGEMENT NEC-ANK/	

Reason for Visit: V57.1 PHYSICAL THERAPY NEC

PROCEDURE DESCRIPTION	DATE	SURGEON NAME

HCPCS DESCRIPTION	MODIFIER(S)	DATE	SURGEON	PRE APC

CONTRERAS, THOMAS J

PRINTED BY: franwe DATE 9/30/2011

MR#: 000774899 DOB: 09/25/61
CONTRERAS, THOMAS J
St. Francis STC
PHYS: EDEN-FA, KATE S

[Patient ID]

ACCT#: 11074-00119

03/24/11

REHABILITATION SERVICES

St. Francis Hospital

Progress Update

Patient Name Thomas Contreras Date 5/23/11

Diagnosis Chronic ankle sprain

Physician Dr. Eden

PHYSICAL / OCCUPATIONAL / SPEECH THERAPY

PROGRESS UPDATE from 4/13/11 to 5/13/11

Treatment: dynamic ankle stabilization
for Chronic.

Therapist Comments: The pt has been tolerating
Rx well; pt still has 1/2 in @ 2
"wrong step", still dem. some
instability but pt does not have
constant pain.

Progression toward Goals:

Goal 1

SLG ① + ② met LTG ① met

Goal 2

3 + 4 progressing ③ met

Goal 3

② partially met

④ Not attempted yet.

Recommendations: Can't do current POC - no
FLU 6/6/11

7-10 Treatment or 30 days (whichever comes first)

Therapist

Signature: Whitney Reed
PT, ATC

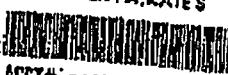
Date: 5/23/11 Time: _____

Origin: 1-06
Revised: 4/10



SCANNED

19

MR#: 880774889 DOB: 09/26/61
CONTRERAS, THOMAS J
St Francis
PHYS: EDEN-PA, KATE S
BTC
[Patient Ident] 
ACCT#: 11074-00118 03/24/11

REHABILITATION SERVICES St. Francis Hospital
Progress Update

Patient Name: Thomas Contreras Date: 5/31/11
Diagnosis: Ankle Instability (Impingement)
Physician: Dr. Ohlson

PHYSICAL / OCCUPATIONAL / SPEECH THERAPY

PROGRESS UPDATE from 5/13/11 to 5/31/11 FK W 315

Treatment: Therapeutic Exercise program for ankle ROM, strength, & stabilization.
min 15 @ ankle all 5/5 @ no c/o.

Therapist Comments: ① Ankle ARCM → DF ~ 2° (long sit); PF 55° INV 25° EX 10°
Pain: current 0/10 "stiff" ② @ worst 6/10 → describes as "burning" along posterior medial malleolus (posterior tibiotalar) & lateral malleolus (medial pain > than lateral ②) PT at 1 ~ posterior tibiotalar ligament!
Progression toward Goals: - PT still 2 1'd medial arch/plantar + great toe ② which limits PT's tolerance to proprioceptive training.
Goal 1: STB ①, ②, ④ - met
Goal 2: ③ - partially met
Goal 3: LTB's ①, ②, ③ MET, ④ - partially met.

Recommendations: PT to Ave MD 6/6/11 - will review MD orders.

7-10 Treatments or 30 days (which ever comes first)

Therapist Signature: Christy Reed PT, ATC Date: 5/31/11 TI me: 10:00

Origin: 1/06
Revised: 4/10

SCANNED
120

Bon Secours - St. Francis
2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414

Page: 1

Date:	Name	Acct. #	Financial Class
11/26/10	CONTRERAS, THOMAS	10322-00100	B - BLUE CROSS
Sex	Birth Date	Adm Date	Dsch Date
M	09/25/61	11/18/10	11/18/10
	Age		LOS
	49Y		1

Attending Physician
OHLSON-MD, BLAKE
Coder: BMW

Discharge Status
H - H_OUTPT-SENT HOME

MDC: 08 DISEASES/DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
DRG: 554 BONE DISEASES & ARTHROPATHIES W/O MCC

OUTLIER STATUS: N/A

DIAGNOSIS DESCRIPTION/POA
1. (P) 732.7 OSTEOCHONDRIIT DISSECAN/

Reason for Visit: 732.7 OSTEOCHONDRIIT DISSECAN/

PROCEDURE	DESCRIPTION	DATE	SURGEON NAME
1. (P) 88.94	MRI MUSCULOSKELETAL	11/18/10	GOUGH, CATHERINE JOHN SO

HCPCS	DESCRIPTION	MODIFIER(S)	DATE	SURGEON	PRE	APC

CONTRERAS, THOMAS

121
328
PRINTED BY: franwe DATE

0/20/2011

Roper St. Francis Healthcare - Outpatient Imaging Order Form

Partially Signed

力点

Contreras, Thomas
4-25-61

Physician's Name: _____

Routine

Call Report

Associated Police

Aspirin Time

Location:

Fri Nov 13, 2008

Scheduled Times

10:30

Additional Report Fee:

Call Report To:

402-5989

Payment is expected at the time service is rendered.

Disruptive/Climate Factors

*Indicates Medicare patients may be asked to sign a Advance Beneficiary Notice (ABN number) if the ordering physician does not meet Medicare's Limited Coverage Criteria.

Rev 7-8-2011

123

PRTN 236

Y. + m + m

54-11

11 Roper Saint Francis Healthcare Bon Secours
EMERGENCY PHYSICIAN RECORD
Foot or Ankle Injury (4)

MR#: 000774999 ERC
CONTRERAS, THOMAS J
DOB: 09/25/81
PHYS: RENK-MD, GEOFFREY E



ACCT: 07270-00890 09/27/07

TIME SEEN: 1410 ☐ on arrival ROOM: 20 EMS Arrival
HISTORIAN: patient spouse paramedics
HX/ EXAM LIMITED BY:
HPI

chief complaint: Injury to: right / left
foot ankle leg knee thigh
great toe 2nd toe 3rd toe 4th toe 5th toe

duration / occurred:
just prior to arrival today yesterday _____ days ago

where:
home neighbor's work school park street

severity of pain:
mild moderate severe worse / persistent since pain intermittent / lasting

context: felt twisted direct blow stubbed laceration burn barefoot / wearing shoes
stopped in hall

associated symptoms: pain / unable to bear weight snap / crack / pop sensation

ROS drooping / numbness distally suspected FB (skin lac) head / neck / other injuries recent illness

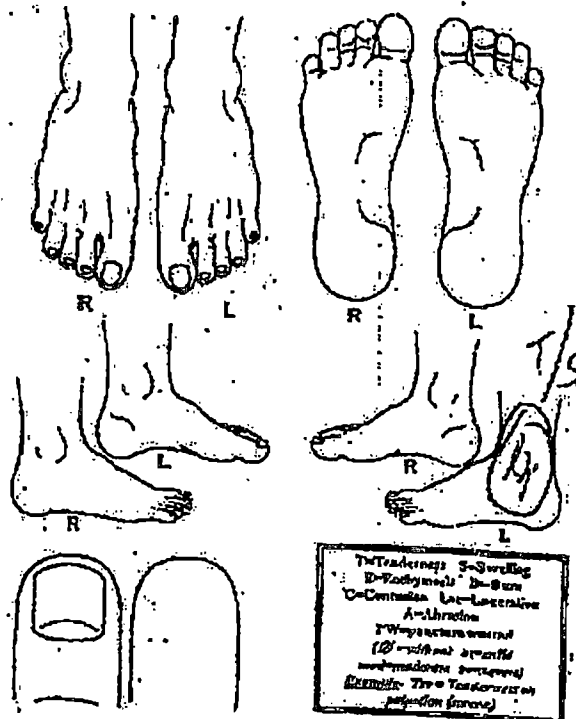
PAST HX negative prior injury diabetes Type 1 Type 2 diet / oral / insulin
none / see nurses note
Allergies NKDA / see nurses note

☒ Nursing Assessment Reviewed ☒ Vitals Reviewed ☐ Tetanus known, UTD

PHYSICAL EXAM
General Appearance:
no acute distress mild / moderate / severe distress
alert anxious / lethargic

EXTREMITIES
FOOT
nml inspection see diagram
non-tender tenderness soft-tissue / bony
swelling / ecchymosis
limited ROM
distal pain / functional deficit
deformity
nail injury
complete / partial avulsion subungual hematoma

ANKLE
nml inspection see diagram
non-tender tenderness soft-tissue / bony
swelling / ecchymosis
limited ROM
deformity
ligamentous instability



GAIT
normal ☒ limited by pain / unable to bear weight
analgesic gait
gait not tested due to pain

NEURO
sensation intact digital nerve deficit
motor intact decreased fine touch abnl 2-point discrim.
peroneal nerve deficit
post tibial nerve deficit

VASCULAR
no vascular compromise pallor / cool skin / abnl cap refill
pulse deficit
dorsalis pedis post. tibial

TENDONS
tendon function normal tendon visualized / injury seen
extensor flexor complete partial
deficit in tendon function
limited extension limited flexion

LEG / KNEE / THIGH
uninjured above ankle see diagram
tenderness soft-tissue / bony
swelling
deformity
knee effusion
limited ROM

SKIN
 warm, dry see diagram
 diaphoretic / cool / cyanotic

HEAD / ENT
 tenderness
 swelling / ecchymosis

NECK / BACK
 tenderness
 swelling / ecchymosis

CHEST
 tenderness
 swelling / ecchymosis
 wheezes / rales / rhonchi

ABDOMEN
 tenderness / guarding

PROCEDURES

Wound Description / Repair

length cm location linear
 linear irregular flap scalloped
 superficial subcutaneous muscle through-and-through
 contused tissue
 clean contaminated moderately / heavily
 distal NVT: neuro & vascular status intact no tendon injury
 anesthesia: local LET / tetracaine / adrenaline / cocaine mL
 marcaine 0.25% 0.5% lidoc 1% 2% epi / block digital / metacarpal block
 prep:
 Shur-Clean / Betadine
 irrigated / washed w/ saline debrided
 minimal / mod. / extensive
 wound explored undetermined
 foreign material removed minimal / mod. / extensive
 partially completely
 minimal / mod. / extensive
 no foreign body identified multiple flaps aligned

repair: Wound closed with: wound adhesive / steri-strips
 SKIN: # 0 nylon / prolene / staples
 interrupted running simple mattress (h/v)
 NAIL BED: # 0 vial / chromic
 interrupted running simple mattress (h/v)
 OTHER: # 0
 interrupted running simple mattress (h/v)
 *may indicate intermediate repair *may indicate complex repair

ANKLE
 ace wrap / tape boot orthosis crutches post-op shoe
 air cast neoprene sleeve
 splint sugar-tong / posterior OCL / Ortho-glass / plaster
 applied by ED Physician / Orthopedist / Tech
 examined post splint application NV intact alignment good

OTHER
 toes "buddy-taped"
 subungual hematoma drained with electrocautery
 digital block lidocaine 1% mL sporocaine 0.25% 0.5% mL
 foreign body removed with forceps with incision

X-RAYS ☐ linear by me ☒ Reviewed by me ☐ Discussed w/ radiologist

R ☒ foot ☒ ankle ☐ fibula ☐ toe

normal / NAD DJD
 no fracture dislocation
 normal alignment soft-tissue swelling
 no foreign body foreign body
 fracture non-displaced displaced
 transverse oblique comminuted angulated
 impacted tars

Other study:

☐ See separate report

PROGRESS

Time unchanged improved re-examined

☒ Rx given W32
 referred to / discussed with Dr.
 will see patient in ED / hospital / office in 7 days

CLINICAL IMPRESSION

Contusion R / L knee ankle foot
 Hematoma great toe 2nd toe 3rd toe 4th toe 5th toe
 Laceration
 Sprain / Strain / Dislocation
 Fracture R / L stabilized / restorative
 tibia distal / shaft / proximal
 fibula distal / shaft / proximal
 bilateral tarsal tunnel calcaneus
 navicular metatarsal phalanx #

DISPOSITION- ☐ home ☐ admitted ☐ transferred
 CONDITION- ☐ unchanged ☐ improved ☐ stable

☐ Dictated Addendum

Foot Injury - 12

MRN: 000774899 ERC
 CONTRERAS, THOMAS J
 DOB: 09/26/61
 PHYS: RENK-MD, GEOFFREY, E

ACCT#: 07270-00990 09/27/2011 BY: franwo DATE: 9/30/2011

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05

Roper Saint Francis Healthcare
Bón Secours

EMERGENCY NURSING RECORD

Extremity Trauma

TRIAGE TIME 1345 III IV V

NAME Thomas Contreras
D.O.B. 09/20/61 AGE 46 M F

HISTORIAN: admit paramedics family

ARRIVAL MODE: car EMS police

PMD: none diagnoses

Tetanus immunization: current / not current / date

Pneumococcal immunization: current / not current / date

Influenza immunization: current / not current / date

TREATMENT PTA see EMS report IV O₂ c-collar backboard

last blood glucose

VITALS: Height 5'8" Weight 180 lbs
BP 155/85 RR 20 temp 98.2 TM OR AX
SaO₂ 98 RA/O₂

PAIN LEVEL current: 10 / ID max 10 acceptable 10

scale used quality

CHIEF COMPLAINT Pain & swelling

occurred 1 hr / days ago

Right hand & wrist

INJURIES / PAIN

shldr. R hip L

arm R thigh L

elbow R knee L

forearm R leg L

wrist R ankle L

hand R foot L

fingers R toes L

MECHANISM

fall animal bite

direct blow / crush GSV / stab wound

puncture wound burn

cut with

ALLERGIES NKDA

drug (PCN) ASA / sulfa / latex / codeine / iodine

food

MEDS

DOSE

FREQUENCY

LAST DOSE

PAST MEDICAL HX

R/L handed / HTN diabetes stroke

past surgeries none shoulder surgery

SOCIAL HX

smoker ppd drugs / alcohol

ATB exposure / symptoms

has been physically hurt or threatened by someone close

LMP G P Ab pregnant / postmenop / hyst

Stephen M. Thomas RN LPN

MR#: B00774899 ERC
CONTRERAS, THOMAS J
DOB: 09/20/61
PHYS: REAK-MD, GEOFFREY E

MR#: 07270-00980 09/27/07

TIME TO ROOM: 1345 ROOM: 20

INITIAL ASSESSMENT TIME: 1345

GENERAL APPEARANCE

no acute distress mild / moderate / severe distress

alert / oriented x3 anxious / decreased LOC

disoriented to person / place / time

FUNCTIONAL / NUTRITIONAL ASSESSMENT

independent ADL assisted / total care

appears well obese / malnourished

nourished / hydrated recent weight loss / gain

CVS

skin warm & dry cool / diaphoretic

cap refill less than 2 sec pale / cyanotic

cap refill greater than 2 sec

KEY: T=Tenderness S=Swelling E=Erythema B=Burn

A=Abrasion V=Vesicles L=Laceration

UPPER EXTREMITIES

no evidence of trauma see diagram

skin intact active bleeding

non-tender deformity

no deformity ROM limited

full ROM pulse deficit

pulses nml

LOWER EXTREMITIES

no evidence of trauma see diagram

skin intact active bleeding

non-tender deformity

no deformity ROM limited

full ROM unable to bear weight

pulses nml pulse deficit

ADDITIONAL FINDINGS

INITIAL ACTIONS

TIME

ID band applied ID band verified

c-collar backboard

disrobed / gownned blankets provided

ice pack elevation / immobilization

bandages applied wet to dry dressing

bed low position side rails up

call light in reach head of bed elevated

Nurse Signature

* protocol available

ACTIONS

TIME		INIT
	cleaned wound gauze / pressure dressing	
	cardiac monitor	
	pulse oximeter O ₂ L via	
	Accu-Chek	
	ready for Dr eval. notified doctor / seen by Dr	
	restraints see documentation	

IV STARTS

TIME	#	site	gauge	attempts	complications	INIT

IV / MEDICATION INFUSION RECORD Pump used: Yes / No

Start Time	Solution / Med	IVPB	Rate ml/hr	Stop Time	Amount Infused	INIT
	Response: no change improved					
	Response: no change improved					
	Response: no change improved					

IV / saline lock discontinued intact and pressure dressing applied

MEDICATIONS

TIME	Medication	Dose	Route	Site	INIT
	T4 / TT	0.5ml	IM		
	lot #:	exp. date	manufoc		
	Response: no change improved				
	Response: no change improved				
	Response: no change improved				
	Response: no change improved				

PROCEDURES

TIME		INIT
	location repair to	
	assisted by:	
	foreign body removed assisted by:	
	assisted Dr with dislocation / fx reduction	
	shoulder elbow MTP patella	
	splint / sling applied arm leg short long	
	types:	
	assessed post-procedure	
	and color / sensation / movement	
	cleaned wound applied abc ointment	
	applied dressing / Band-Aid / elastic wrap	
	crutch training w/ proper return demonstration	
	to Xray w/ monitor / nurse / O ₂ / tech	
	return to room	
	report given to RAD tech	

MR#: 000774899 ERC
 CONTRERAS, THOMAS J
 DOB: 09/25/81
 PHYS: RENC-MO, GEOFFREY E



CCIA: 07770-00980 09/27/07

VITAL SIGNS

TIME	BP	P	RR	T	SpO ₂	GCS	Pain	Pupils	INIT
							/10		
							/10		
							/10		
							/10		

ADDITIONAL NOTES

1500 P/B Post-Op for 5000
 The patient applied to the ER

INTAKE

OUTPUT

PROPERTY TO:

patient family security safe see patient belongings list

DISPOSITION

discharged home police nursing home ME funeral home
 verbal / written instructions / TX given to: patient
 verbalized understanding
 learning barriers addressed
 accompanied by / driver

admitted / transferred to
 report to
 transfer documentation completed
 notified family / police / ME
 left AMA / LWOT signed AMA sheet refused
 physician notified of

Discharge Vitals
 BP HR RR Temp SpO₂
 pain level at discharge 3 / 10

CONDITION

unchanged improved stable other
 Depart Time 1500 Mode walk crutches W/C stretcher ambulance

Discharge Nurse Signature
☐ Continuation Sheet

SIGNATURE
 INITIAL

ORDER TIMES 1) _____ 2) _____ 3) _____ 4) _____

CC16 07270-00980 08/27/97

Laboratory	Imaging	Nursing
☐ HEME PANEL ☐ CBC	☐ CXR ☐ 2 V ☐ PORT	☐ EKG
☐ BMP ☐ CMP	☐ ABD SERIES	☐ MONITOR
☐ HEPATIC ☐ AMYLASE	☐ C SPINE ☐ R ☐ L	☐ PULSE OX
☐ LIPASE ☐ BNP	☐ WRIST ☐ ☐	☐ INT
☐ CPK ☐ MB ☐ TROP	☐ FOOT ☐ ☐	☐ ABG. ☐ R/A
☐ PT ☐ PT/PTT	☐ ANKLE ☐ ☐	☐ O ₂ _____ L/MIN ☐ NR8
☐ D-Dimer ☐ DIG LEVEL	☐ HIP ☐ ☐	☐ N/C ☐ MASK
☐ ETOH ☐ UDS	☐ _____	☐ HHN - ALBUTEROL
☐ URINE DIP ☐ CATH	☐ _____	☐ 2.5 MG ☐ 5 MG
☐ U/A W/ MICRO	☐ CT SCAN CONTRAST	☐ REPEAT ☐ REPEAT
☐ URINE C & S	☐ HEAD ☐ NONE	☐ CONTINUOUS 10 MG/HR
☐ RAPID FLU ☐ RAPID STREP	☐ ABD PELVIS ☐ IV	☐ HHN - ATROVENT
☐ BLOOD C & S # _____	☐ CHEST ☐ ORAL	☐ BEDSIDE GLUCOSE
☐ URINE β ☐ QUANT β	☐ APPY ☐ STONE ☐ PE	☐ ASA 325 mg P.O.
☐ WET PREP ☐ Rh	☐ _____	☐ ASA ☐ @ home ☐ EMS
☐ GC/CHLAMYDIA	☐ ULTRASOUND	☐ ASA CONTRAINDICATED
☐ _____	☐ PELVIS ☐ VENOUS	☐ dT 0.5 cc IM
☐ _____	☐ ABD DOPPLER	☐ RECTAL TEMP
☐ _____	☐ AORTA ☐ R ☐ L LE	☐ FOLEY
Prev ☐ Chart ☐ EKG ☐		☐ PELVIC SETUP

ABX ALLERGY:

Physician Calls

Name	Time	Response

Wound Management

☐ Suture Set ☐ Stapler ☐ Knife ☐ #15 ☐ #11
☐ Lidocaine ☐ Marcaine ☐ 0.25% ☐ 0.5% ☐ 1% ☐ 2%
Suture: ☐ 3.0 ☐ 4.0 ☐ 5.0 ☐ 6.0 ☐ Nylon ☐ Prolene ☐ Vicryl ☐ _____
☐ Gloves ☐ 7 ☐ 7.5 ☐ 8 ☐ 8.5 ☐ Iodiform
☐ Needle ☐ Lg ☐ Med ☐ SSm

☐ IVF: ☐ NS ☐ _____ ☐ BOLUS _____ CC

RATE: _____ CC/HR ☐ UMDS x _____ min

☐ Levaquin 750 mg IV Time _____
☐ Rofloxaclon 400 mg IV Time _____
☐ Azithromycin 500 mg IV Time _____
☐ Metoprolol 5 mg IV q5min*3 Time _____
☐ β -blocker contraindicated ☐ DNR

☐ SoluMedrol 125 mg IV
☐ _____

1	Levaquin 5.0 mg PO $\dot{\div}$ now	6	Precedent 3/325	12
2		7		
3	Now	8		
4	Precedent	9		
5		10		

SIGNATURE/DATE/TIME: 1) _____ 2) _____

3/22/2007



128

05 Bon Secours St. Francis
EMERGENCY PHYSICIAN RECORD
 Shoulder Injury (4)

TIME SEEN: 1926 ROOM: 24 EMS Arrival
 HISTORIAN: patient spouse paramedics
 HX / EXAM LIMITED BY: -

HPI chief complaint: Injury to right (left)
shoulder arm neck

duration / occurred: just prior to arrival
today
yesterday
days PTA
 where: home school
neighbor's park
work street

context: fell direct blow dislocated while raising arm
But Per won't lifting
not work - lifting 160
much less

severity of pain: mild moderate severe

ROS tingling / numbness neck pain bow to head
chest pain head / neck / other injuries

PAST HISTORY negative peptic ulcer R CHANDED
prior injury other problems
MAA HTA

Meds: none see nurses note
 Allergies: NKDA see nurses note

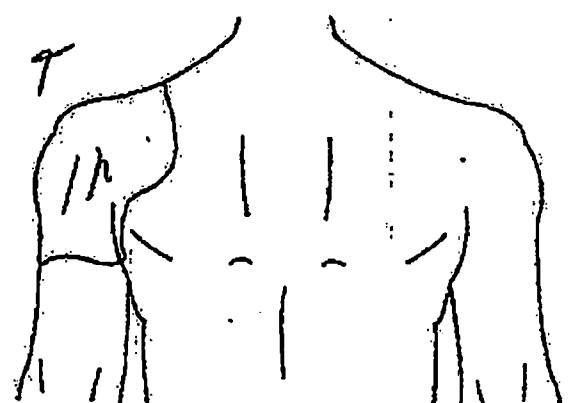
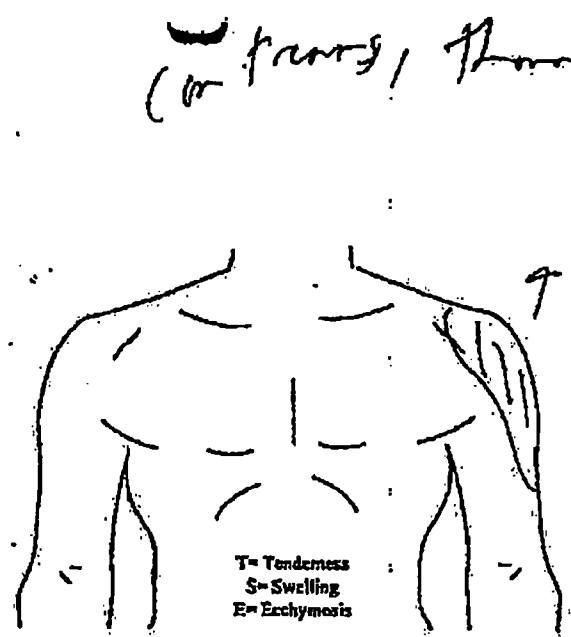
☒ Nurses note reviewed ☐ Tetanus / immun. current ☒ Vial signs reviewed

PHYSICAL EXAM Alert

Distress: NAD mild moderate severe

SHOULDER see diagram
☒ normal inspection tenderness soft-tissue / bony
☒ full ROM swelling
☒ no dislocation ecchymosis
deformity
clavicular deformity AC drop-off
anterior fullness
limited ROM
held in: adduction abduction
internal rotation external rotation
limited: adduction abduction
internal rotation external rotation
flexion extension

UPPER EXTREM. see diagram
☒ injured below shoulder tenderness soft-tissue / bony
swelling
limited elbow ROM



NEURO sensation intact motor intact
sensory / motor deficit
weak arm abduction (deltoid)
abnormal reflexes

VASCULAR no vascular compromise
abnml color / warmth / cap refill
brachial pulse deficit
radial pulse deficit

SKIN warm, dry
diaphoretic / cool / cyanotic

HEAD / ENT

☒ nml inspection
☒ pharynx nml

tenderness _____
swelling _____
ecchymosis _____

NECK / BACK

☒ nml inspection
☒ non-tender
☒ painless ROM

tenderness (L) TRAPC
swelling _____
ecchymosis _____

CHEST

☒ no resp. distress
☒ non-tender
☒ breath snds nml

tenderness _____
ecchymosis _____

ABDOMEN

☒ non-tender
☒ no organomegaly

tenderness _____
guarding _____

X-RAYS

☐ Interpreted by me ☒ Reviewed by me ☐ Dictated w/radiologist

R/L Shoulder

☒ normal / NAD
☒ nml alignment
☒ no fracture
☒ nml soft tissue

Clavicle
shoulder dislocation (anter / poster) _____
clavicular fracture _____
AC joint separation 1° 2° 3° _____
humeral fracture _____
(head / neck / shaft / greater tuberosity)
fracture-dislocation _____
Hill-Sachs fracture _____

HAND

Other study: _____

☐ See separate report

REDUCTION OF SHOULDER DISLOCATION

☐ IV sedation (see chart) _____
☐ Traction / Counter Traction _____
☐ Kocher maneuver _____
☐ Weights (lbs) _____
☐ Scapular manipulation _____
☐ Other _____

POST-REDUCTION X-RAY

☒ normal (anatomic position) _____
☐ not reduced Hill-Sachs fx _____

RECHECK POST-REDUCTION:

time _____
alert _____ somnolent _____

OTHER

sling / shoulder immobilizer / clavicle strap _____
other _____

PROGRESS:

SEE H.C.L.

☒ Rx given ROBATEX

referred to / discussed with Dr. _____
will see patient in: office / ED / hospital

CLINICAL IMPRESSION:

Fall Alleged Assault

Contusion / Hematoma / Sprain / Laceration

R/L shoulder forearm wrist
arm elbow hand

Fracture R/L clavicle scapula humerus head / neck / shaft

Shoulder Separation R/L 1° 2° 3° degree

Dislocated Shoulder R/L anterior posterior

(L) SNOWLOTT STRAIN

DISPOSITION: ☒ home ☐ admitted ☐ transferred
CONDITION: ☐ unchanged ☐ improved ☐ stable

NP / PA

MD / DO

☐ See Dictated Addendum

05 Care Alliance - Bon Secours St. Francis
EMERGENCY NURSING RECORD
Extremity Trauma

TRIAGE TIME 1905 emergent urgent non-urgent

NAME Contreras, Shonay

D.O.B. 09/25/1961 AGE 44 M F

HISTORIAN: patient paramedics family

ARRIVAL MODE: EMS police

PMD: none pregnant

Tetanus Immunizations: current *not current / date ~89 yrs ago

Pneumococcal Immunization: current *not current / date

Influenza Immunization: current *not current / date

LAST TETANUS:

TREATMENT PTA see EMS report splint

CHIEF COMPLAINT Shoulder pain

occurred just PTA ~2 hrs ago while

lifting weights

INJURIES

<u>Latex</u> R	hip	* <u>shldr</u> L	hip
arm	thigh	arm	thigh
elbow	knee	elbow	knee
forearm	leg	forearm	leg
wrist	ankle	wrist	ankle
hand	foot	hand	foot

PAIN LEVEL current 7 / 10 max 10 / 10

MECHANISM

fall animal bite
twisting GSW / stab wound
direct blow / crush burn
puncture wound cut
chemical exposure

VITALS time: 1905

BP 154/100 P 84 RR 18 temp 97.9 IM O B Ax

Height 5'10" Weight 95 kg

O₂ Sat% 97% RA/O₂

ALLERGIES: NKA / PCN / ASA / sulfa / latex

Latex

MEDS DOSE FREQUENCY LAST DOSE

Glucophage 7 daily 11/17 am

Aspirin 7 " 11/17 am

Allegra 7 " 11/17 am

PAST HX negative

R / transposed HTN diabetes insulin

past surgeries none Nasal Surgery

smoker drugs alcohol

TB exposure / symptoms

has been physically hurt or threatened by someone close

LNMP G P Ab pregnant / postmenopausal

MR#: 00077489 RC 11/17/05
CONTRERAS, SHONAY DOB: 09/25/61
PHYS: RENK-MD.GEOFFREY E
ACCT#: 05321-01274 FC: S

TIME TO ROOM: 2000

INITIAL ASSESSMENT TIME

ROOM 24

GENERAL APPEARANCE

no acute distress

Alert / oriented x3

c-collar / back board in place

mild / moderate / severe distress

anxious / decreased LOC

disoriented to person / place / time

FUNCTIONAL / NUTRITIONAL ASSESSMENT

appears well nourished

Independent ADL

obese / malnourished

assisted / total care

CVS

skin warm & dry

firm cap refill

cool / diaphoretic

pale / cyanotic

cap refill greater than 2 sec

UPPER EXTREMITIES

no evidence of trauma

skin intact

non-tender

no deformity

full ROM

pulses firm

see diagram

laceration

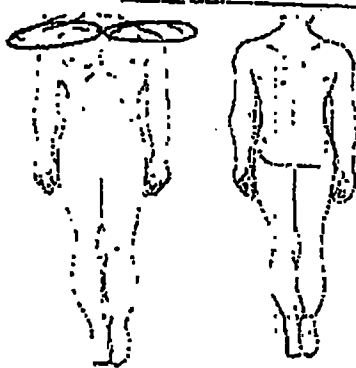
abrasion

tenderness / ecchymosis

deformity

ROM limited

pulse deficit



LOWER EXTREMITIES

no evidence of trauma

skin intact

non-tender

no deformity

full ROM

pulses nml

see diagram

laceration

abrasion

tenderness / ecchymosis

deformity

ROM limited

pulse deficit

ADDITIONAL FINDINGS

Barbara Alexander LPN (RN) (3)

Nurse Signature [Signature]

ACTIONS

TIME	INIT
C-collar	back board
ice pack / elevation	warming measures
cleaned wound	applied gauze
set up suture tray	
O ₂ _____ via _____	
pulse oximeter	
cardiac monitor	
Accu-Chek	
TD / TT 0.5mL IM	lot #:
exp. date	manufacturer
✓ bed low position	side rails up x1 x2
✓ call light in reach	head of bed elevated
✓ ready for Dr eval. / notified doctor	
restraints	see documentation

IV RECORD Pump used: Yes / No

Time	Solution	Site	Ga	Rate	Amt in	Dc'd	INIT

IV / saline lock discontinued intact and pressure dressing applied

MEDICATIONS

Time	Medication	Dose	Rta	Site	INIT
	Response:				
	Response:				
	Response:				
	Response:				

PROCEDURES

TIME	INIT
laceration repair by:	
single / multiple layer	arm hand leg foot
length after closure:	
foreign body removed by:	
simple complex	foot hand
dislocation reduced by:	
shoulder elbow MTP patella	
splint applied	arm leg short long
assessed post-procedure	
color / sensation / movement	
cleaned wound	applied abx ointment
applied dressing / Band-Aid / elastic wrap	
crutch training w/ proper return demonstration	
to X-ray / w monitor / nurse / G, / tech.	

VITAL SIGNS

TIME	BP	P	RR	T	O ₂ sat	Rhythm	INIT

PAIN REASSESSMENT

Time	Description	Level	INIT
		/10	
		/10	
		/10	
		/10	

ADDITIONAL NOTE

RA Partick m b and DD
X-rays taken

INTAKE

INTAKE	OUTPUT
IV:	Urine:
PO:	Emesis:
Other:	Blood-Approx:
Total:	Total:

PROPERTY TO:

patient	family	security	safe	see patient belongings list

DISPOSITION

discharged home	police	nursing home	ME	funeral home
verbal / written instructions / Rx given to:	patient			
verbalized understanding				
hearing barriers addressed				
accompanied by / driver:				
pain level at discharge	2 / 10			

admitted / transferred to:	
report to:	time
transfer documentation completed	
notified family / police / ME	
left AMA / LWOT	signed AMA sheet
physician notified of:	refused

CONDITION

unchanged	improved	stable	other
Depart Time:	Mode:	walk	crutches
		W/C	stretcher
			ambulance

Discharge Nurse Signature:	
SIGNATURE	INITIAL
<i>[Signature]</i>	<i>DD</i>

**BON SECOURS
ST FRANCIS HOSPITAL**

Emergency Department Physician Orders

MRN: 000774898 ERC 11/17/05 -
CONTRERAS, THOMAS DOB: 09/25/61

PHYS: RENK-MD, GEOFFREY E

ACCT#: 05321-01274 FC: S

ORDER TIMES 1) _____ 2) _____ 3) _____ 4) _____

Laboratory		Imaging		
☐ HEME PANEL	☐ CBC	☐ CXR	☐ 2 V	☐ PORT
☐ BMP	☐ CMP	☐ ABD SERIES		
☐ HEPATIC	☐ AMYLASE	☐ C SPINE	☐ R	☐ L
☐ LIPASE	☐ BNP	☐ WRIST	☐	☐
☐ CPK	☐ MB	☐ FOOT	☐	☐
☐ PT	☐ PT/PTT	☐ ANKLE	☐	☐
☐ D-Dimer	☐ DIG LEVEL	☐ HIP	☐	☐
☐ Rapid Strep				
☐ ETOH	☐ UDS			
☐ URINE DIP	☐ CATH			
☐ U/A W/ MICRO				
☐ URINE C & S		☐ CT SCAN	CONTRAST	
☐ BLOOD C & S # _____		☐ HEAD	☐ NONE	
☐ URINE β	☐ QUANT β	☐ ABD PELVIS	☐ IV	
☐ WET PREP	☐ Rh	☐ Kidney stone	☐ ORAL	
☐ GC/CHLAMYDIA		☐ appendix		
☐		☐		
☐		☐ ULTRASOUND		
☐		☐ PELVIS	☐ VENOUS	
☐		☐ ABD	DOPPLER	
☐		☐ AORTA	☐ R ☐ L LE	
OLD ☐ CHART ☐ EKG			ABX ALLERGY:	

Physician Calls		
Name	Time	Response

☐ IVF: ☐ NS ☐ _____ ☐ BOLUS _____ CC

RATE: _____ CC/HR ☐ DNR

☐ Tequin 400 mg IV Time _____

☐ Rocephin one gram IV Time _____

☐ Azithromycin 500 mg IV Time _____

☐ Metoprolol 5 mg IV q5min*3 Time _____

☐ β -blocker contraindicated

1	9
2	10
3	11
4	12
5	13
6	14
7	15
8	16

SIGNATURE: 1) _____

2) _____



Patient Referral Form

MRN: 000114033 ENC 11/11/08
CONTRERAS, THOMAS DOB: 09/25/81

PHYS: RENK-MD, GEOFFREY E

ACCT#: 05321-01274 FC: S

Don Secours St. Francis Hospital (ph. 402-1037; fax 402-1293)

Roper Mt. Pleasant Urgent Care (ph. 849-9339; fax 881-1297)

Charleston Emergency Services Referring Physician: (circle one)

R. Anders, M.D.	F. Gitter, M.D.	R. Sparano, M.D.
M. Chag, M.D.	W. Kanich, M.D.	P. Stone, M.D.
K. Conger, M.D.	T. Paraschos, M.D.	S. Taylor, M.D.
S. Feingold, M.D.	G. Renk, M.D.	R. Warner, M.D.

(patient sticker)

was seen at: _____
(time)

Physician on-call: Michael

Sent to Charleston Back Jt

E. D. Physician spoke with: _____

Pertinent labs/EKG: _____

Pertinent imaging studies: @ Shoulder film

Therapeutic interventions: ASD 10 / 10

Impression: Shoulder Pain ? Sublux

Proposed plan: To ORTHO or PMD

Follow up needed in: 24 hrs. 48 hrs. 72 hrs. other: 7-10 days

Note: Please fax registration face sheet with this form

I authorize the referring physician/facility to release and forward all medical records pertaining to this medical condition.

(patient signature)

MRN: 000114033 ENC 11/11/08
CONTRERAS, THOMAS DOB: 09/25/81
PHYS: RENK-MD, GEOFFREY E

ACCT#: 05321-01274 FC: S

BON SECOURS ST FRANCIS HOSPITAL

MRN: 002774898 ERC 11/17/05 -
CONTRERAS, THOMAS DOB: 09/25/81

PHYS: RENK-MD, GEOFFREY E

ACCT#: 05321-01274 FC: S

EMERGENCY DEPT.

2095 Henry Tecklenburg Drive
Charleston, SC 29414
(843) 402-1037

AFTERCARE INSTRUCTIONS GENERAL INSTRUCTION SHEET

Follow-up Care:

- ☐ Call or return to the E.D. as needed
- ☐ Return to the E.D. in _____ days
- ☐ Call Dr. _____ for an
appointment in _____ days

Address: _____

Phone Number: _____

- 1) ICE TO SHOULDER - 15min on LHO off
- 2) Limit Heavy lifting max 7-14 Days
- 3) ^{Tylenol 500} ~~Phenol~~ - ~~500~~, only & Hives for Discomfort
- 4) Follow up with Family MD in 7-10 Days
if still Painful - sooner if worsen
or Not getting any better
- 5) You may follow up with CHARASTA, BOB & JT
if needed for CRIB Care - CALL R ~~800~~ - 853-3974 for
appointments

I, the undersigned, have read and understand the above instructions:

Physician's Signature

Nurse's Signature

Patient/Significant Other/Caretaker

If you have any questions about these instructions, please call the Emergency Dept. Our number is (843) 402-1037.

025214 (11/98)

135
342

Physical Therapy

Discharge Summary

Page 2

Patient: CONTRERAS, THOMAS

Date: Thursday, July 19, 2012

Pain

Physical Findings

Site #1: Joint Pain - Shoulder - Right; At Rest 0/10; With Activity 2/10; Sharp, Localized
 Exacerbating Factors: Movement & Lifting
 Relieving Factors: Ice to the affected area.

Goal: Pain decreased by 25% in 2 weeks - MET
 Pain decreased by 50% 4 weeks - MET
 Pain decreased by 90% 8 weeks - 75% MET

Palpation

Location: Supraspinatus and Infraspinatus tendons

Findings: Normal

Location: Muscle - deltoid medial - Right

Findings: Normal

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Initial Eval Level						Final Level							
Shoulder	Strength		Active ROM		Passive ROM		Shoulder	Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left		Right	Left	Right	Left	Right	Left
Flexion			135°		160°		Flexion	4+		157°		171°	
Extension			15°				Extension			85°		70°	
Abduction			110°		120°		Abduction	4+		131°		148°	
Adduction							Adduction						
Horizontal Abduction							Horizontal Abduction						
Horizontal Adduction							Horizontal Adduction						
Internal Rotation			60°		70°		Internal Rotation	5		72		L1	
External Rotation			30°		45°		External Rotation	4+		72		65°	

Assessment:

Assessment: Thomas Contreras is a 49 yo M who presents to PT w/ R. ADL and GH ligament excision on 10/11/10. He has had previous 2 other surgeries to R. shoulder prior to 10/11/10 including SLAP repair. He was seen for 18 PT visits from focusing on improving strength, ROM, work and recreational abilities. He now demonstrates return to recreational activities and will return to work at light duty unless otherwise stated by MD. His strength and ROM show significant improvements as pain has also significantly reduced. He has achieved all goals at 90-100% and is appropriate for D/C at this time to independent HRP. Thank you.

Interventions (CPT Code)

Final Instructions to

Patient / Caregiver: Patient was given a home exercise program

Date

7-19-12

Jesse R. McGrady PT

State Lic #: 533

Software Reg #: KQ3Z2-QA1WQ-QDMZ2-ZC03

PT Discharge Summary

Charleston Physical Therapy

Physical Therapy

Discharge Summary

Page 1

Patient: CONTRERAS, THOMAS

MR #: 84048

PT: Jane R. McGrady PT

Date: Thursday, July 19, 2012

Provider: Charleston Physical Therapy

Provider #: 42-4436

Patient Information

Address: 363 LANTANA DRIVE
CHARLESTON, SC 29407

Birth Date: 9/25/1961

Physician: James DeMarco M.D.

Occupation: ST JOHN'S FIRE DISTRICT

Gender: Male

Contact Person:

Physician Name:

Num of Approved Visits: 6

Medicare #:

Claim #: 032008004604

Onset Date of Medical 10/11/2010

Diagnosis with ICD-9:

Disorder - Shoulder - Bursae & Tendons - Specified - Other 726.19

Preferred Practice Musculoskeletal I: Impaired joint mobility, motor function, muscle performance, and ROM associated w/ body or
Pattern: soft tissue surgical procedures

Physical Therapy Pain - Shoulder - Joint 719.41

Diagnosis: Shoulder - Joint - Not Else Classified 719.51

Goals met: ☒

Reasons for Discharge

Patient refuses further treatment: ☐Hospitalization: ☐Maximum Level Reached: ☒Patient expired: ☐

Patient/Care Giver was given proper and timely notification of Discharge:

☒ Yes ☐ NoNo further physical therapy intervention is indicated at this time in this setting. Patient's physician
has been notified that this patient has been discharged from physical therapist's care.☒ Yes ☐ No

Additional Discharge Information:

Discharge patient from physical therapy.

Functional Measures

Tolerance to IADLs

Initial Level: Moderate - Severe pain during and/or after a specific IADL affecting performance

Goal: No pain nor limitation during and/or after a specific IADL affecting performance

Final Level: No pain nor limitation during and/or after a specific IADL affecting performance

Tolerance to Work Activities

Initial Level: Unable to perform specific work activity secondary to pain or limitation

Goal: Mild pain during and/or after a specific work activity affecting performance

Final Level: Mild pain during and/or after a specific work activity affecting performance

Tolerance to Recreation Activities

Initial Level: Severe pain and limitation in a specific recreational activity affecting performance

Goal: Mild pain and limitation in a specific recreational activity affecting performance

Final Level: Mild pain and limitation in a specific recreational activity affecting performance

Impairment Goals; Short Term:

Range of motion is improved by 25% in 2 weeks - Met

Increase strength - met

Motor function is improved in 2 weeks - Met

Soft tissue inflammation, or restriction is reduced by 25% in 2 weeks - met

Functional Goals; Long Term:

Restore Function - Met

IADL/work/recreational performance in related activities is improved to prior level of function

Received by CorVel Corporation 7/26/2012, 10:53:03 AM Pacific Time, 2009, Page 3 of 3
 07/25/2012 14:00 Charleston Physical Therapy HA (FAX)8437663240

P.003/003

Physical Therapy Discharge Summary Page 2

Patient: CONTRERAS, THOMAS

Date: Thursday, July 19, 2012

Pain Physical Findings

Site #1: Joint Pain - Shoulder - Right At Rest 0/10; With Activity 2/10; Sharp; Localized
 Exacerbating Factors: Movement & Lifting
 Relieving Factors: Ice to the affected area

Goals: Pain decreased by 25% in 2 weeks - MET
 Pain decreased by 50% 4 weeks - MET
 Pain decreased by 90% 8 weeks - 75% MET

Palpation

Location: Supraspinatus and infraspinatus tendons

Finding: Normal

Location: Muscle - deltoid medial - Right

Finding: Normal

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Progress: Patient increases Strength / Range of Motion arc within functional limits or not tested)													
Initial Eval Level						Final Level							
Shoulder	Strength		Active ROM		Passive ROM		Shoulder	Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left		Right	Left	Right	Left	Right	Left
Flexion			135°		100°		Flexion	4+		157°		171°	
Extension			15°				Extension			65°		70°	
Abduction			110°		120°		Abduction	4+		131°		148°	
Adduction							Adduction						
Horizontal Abduction							Horizontal Abduction						
Horizontal Adduction							Horizontal Adduction						
Internal Rotation			60°		70°		Internal Rotation	5		T2		L1	
External Rotation			30°		45°		External Rotation	4+		T2		66°	
Assessment:													

Assessment:

Assessment: Thomas Contreras is a 49 yo M who presents to PT w/ R SAD, and GH ligament excision on 10/11/10. He has had previous 2 other surgeries to R shoulder prior to 10/11/10 including SLAP repair. He was seen for 18 PT visits from focusing on improving strength, ROM, work and recreational abilities. He now demonstrates return to recreational activities and will return to work at light duty unless otherwise stated by MD. His strength and ROM show significant improvements as pain has also significantly reduced. He has achieved all goals at 90-100% and is appropriate for D/C at this time to independent HEP. Thank you.

Interventions (CPT Code)

Final Instructions to

Patient / Caregiver: Patient was given a home exercise program

7-19-12 *Jesse R. McGrady*
 Date *Jesse R. McGrady PT*
 State Lic #: 533
 Software Reg #: XQJZJ-QA1WQ-QQMZZ-YICD9

Received by CorVel Corporation 7/25/2012, 10:53:03 AM Pacific Time, 2000, Page 2 of 3
 07/25/2012 13:59 Charleston Physical Therapy NA (FAX)8457663240

P.002/003

Physical Therapy

Discharge Summary

Page 1

Patient: CONTRERAS, THOMAS

MR #: 44048

PT: Jesse R. McGrady PT

Date: Thursday, July 19, 2012

Provider: Charleston Physical Therapy

Provider #: 42-6536

Patient Information

Address: 363 LANTANA DRIVE
CHARLESTON, SC 29407

Birth Date: 9/23/1961

Physician: James DeMarco M.D.

Occupation: ST JOHNS FIRE DISTRICT

Gender: Male

Physician Num:

Num of Approved Visits: 6

Medicare #:

Claim #: 832008004604

Contact Person:

Onset Date of Medical 10/11/2010

Diagnosis with ICD-9:

Disorder - Shoulder - Bursae & Tendons - Specified - Other 726.19

Preferred Practice Musculoskeletal II: Impaired joint mobility, motor function, muscle performance, and ROM associated w/ bony or
Pattern: soft tissue surgical procedures

Physical Therapy Pain - Shoulder - Joint 719.41

Diagnosis: Shoulder - Joint - Not Else Classified 719.51

Goals met: ☒

Reasons for Discharge

Patient refuses further treatment: ☐Hospitalization: ☐Maximum Level Reached: ☒Patient expired: ☐

Patient/Care Giver was given proper and timely notification of Discharge

No further physical therapy intervention is indicated at this time in this setting. Patient's physician
has been notified that this patient has been discharged from physical therapist's care.☒ Yes ☐ No☒ Yes ☐ No

Additional Discharge Information:

Discharge patient from physical therapy.

Functional Measures

Tolerance to IADLs

Initial Level: Moderate - Severe pain during and/or after a specific IADL affecting performance

Goal: No pain nor limitation during and/or after a specific IADL affecting performance

Final Level: No pain nor limitation during and/or after a specific IADL affecting performance

Tolerance to Work Activities

Initial Level: Unable to perform specific work activity secondary to pain or limitation

Goal: Mild pain during and/or after a specific work activity affecting performance

Final Level: Mild pain during and/or after a specific work activity affecting performance

Tolerance to Recreation Activities

Initial Level: Severe pain and limitation in a specific recreational activity affecting performance

Goal: Mild pain and limitation in a specific recreational activity affecting performance

Final Level: Mild pain and limitation in a specific recreational activity affecting performance

Impairment Goals; Short Term:

Range of motion is improved by 25% in 2 weeks - Met

Increase strength - met

Motor function is improved in 2 weeks - Met

Soft tissue inflammation, or restriction is reduced by 25% in 2 weeks - met

Functional Goals; Long Term:

Restore Function-Met

IADL/work/recreational performance in related activities is improved to prior level of function



CHARLESTON PHYSICAL THERAPY

1730 Savannah Highway
Charleston, SC 29407
Phone: (843) 763-4115 Fax: (843) 766-3240

UPDATED PROGRESS NOTE

Referring Physician: Dr. Demarco

Patient Name/Acct #: Thomas Contreras - Rebuilder

Visits Attended: 19 Visits Scheduled: 19

Current Physical Therapy Treatments: AROM & pulley & end range stretch.
AROM, Scapular stabilization exercises. (Strengthening of
RTC and scapula. Work on scapulo-humeral rhythm.)
Progress: Distinction in safe shoulder mechanics.

Excellent progress & shld rehab. AROM: flex 155°, ext 65°, IR 22°,
ER 0° abd 55°. Strength flex 4+, abd 4+, IR 5°, ER 4+.
Restored scapulo-humeral rhythm.

Problems: None apparent. Needs to use safe shoulder body mechanics.
He does mention periodic @ shld pain.

Recommendations: DC from PT to continue HEP

Thank you for the referral of your patient. If you have any questions regarding this patient's care, please do not hesitate to call. Thank you,

James M. Hardy, PT 7-19-12
Therapist Signature Date



CHARLESTON PHYSICAL THERAPY

1730 Savannah Highway
Charleston, SC 29407
Phone: (843) 763-4115 Fax: (843) 766-3240

UPDATED PROGRESS NOTE

Referring Physician:

Dr. Demarco

Patient Name/Acct #:

Thomas Contreras

Visits Attended:

17

Visits Scheduled:

18

Current Physical Therapy Treatments:

AA ROM = pulley = end range stretch in flex, scaption & H abd. IR = HBE doorway stretch for external rotation. Scapular strengthening. RT = strengthening. Functional activities for scapulo-humeral timing.
PROBLEMS: Excellent progress. Pain significantly ↓. ROM: flex 170° ext 65° Abd 170° IR 4+, ER 65° at 0° abd. Strength: flex 4+, ext 5, abd 4+, IR 4+, ER 4+.

Problems:

No specific problems noted. Mentions more @ abd soreness in AMs.
Needs to use safe abd mechanics & improved postures

Recommendations:

See X1 = DC to HEP.

Thank you for the referral of your patient. If you have any questions regarding this patient's care, please do not hesitate to call.

Jesse M. Hardy PT 7-12-12
Therapist Signature Date

1241



CHARLESTON PHYSICAL THERAPY

1730 Savannah Highway
Charleston, SC 29407
Phone: (843) 763-4115 Fax: (843) 766-3240

UPDATED PROGRESS NOTE

Referring Physician: Dr. DeMaio
Patient Name/Acct #: Thomas Contreras
Visits Attended: 16 Visits Scheduled:

Current Physical Therapy Treatments: AAROM to pulley to end range stretching into IR & ER. Scapular stabilization & strengthening. RTC strengthening w/ dumbbells. Education in safe use of child.

Progress:

Excellent progress. Pain significantly ↓.
ROM: Flex 170°, ext 65°, Abd 170°, IR 4°, ER 65° @ 0° abd.
Strength: flex 4+, abd 4+, IR 4+, ER 4+.

Problems:

No specific problems noted. Pt compliant w/ appts & H.F.P.
Needs to think & use safe child mechanics.

Recommendations:

Continue PT as per your orders.

Thank you for the referral of your patient. If you have any questions regarding this patient's care, please do not hesitate to call.

Quinn M. Hardy PT 6-28-12
Therapist Signature Date

142



CHARLESTON PHYSICAL THERAPY

1730 Savannah Highway
Charleston, SC 29407
Phone: (843) 763-4115 Fax: (843) 766-3240

UPDATED PROGRESS NOTE

Referring Physician: Dr. Demaree

Patient Name/Acct #: Thomas Contreras

Visits Attended: 6 Visits Scheduled: 2

Current Physical Therapy Treatments:

- (R) Shoulder ROM w pulley and cone (AAROM)
- Rotator Cuff Strengthening
- Hot Pack before treatment and ice post treatment

Progress:

- ↑ in ROM since DE
- ↓ Swelling

Problems:

- ↓ strength and AROM
- Reports ↑ pain in morning

Recommendations:

Cont per Protocol

Thank you for the referral of your patient. If you have any questions regarding this patient's care, please do not hesitate to call.

Thomas A. Swift, PT 5/25/12
Therapist Signature Date

143

Physical Therapy

Initial Evaluation / Examination

Page 1

Patient: CONTRERAS, THOMAS		Date: Thursday, May 03, 2012
MR #: 84048		Provider: Charleston Physical Therapy
PT: Mariya M. Swygert PT, DPT, MHS		Provider #: 42-6536
Patient Information		
Address: 363 LANTANA DRIVE CHARLESTON, SC 29407		Birth Date: 9/25/1961
Occupation: ST JOHN'S FIRE DISTRICT		Physician: James DeMarco M.D.
Gender: Male		Physician Num:
Contact Person:		Num of Approved Visits: 6
		Medicare #:
		Claim #: Q32008004604
Rehabilitation Information / History		
Onset Date of Medical Diagnosis with ICD9:	Disorder - Shoulder - Bursae & Tendons - Specified - Other 726.19	
Preferred Practice Pattern:	Musculoskeletal I: Impaired joint mobility, motor function, muscle performance, and ROM associated w/ bony or soft tissue surgical procedures	
Physical Therapy Diagnosis:	Pain - Shoulder - Joint 719.41	
	Shoulder - Joint - Not Else Classified 719.51	
Recent Physical Therapy:	None within the last sixty days	
Prior Functional Status:	Independent with no pain or limitation in ambulation, IADL's, work or recreation	
Required Equipment:	None	
Weight Bearing Status:	No restrictions	
Safety Measures:	Latex allergy	
Rehab Prognosis:	Excellent rehab potential to reach and maintain prior level of function	
Mental Status:	Alert and oriented in all spheres- cooperative and motivated	
Concerns that led to PT:	Decreased functional ability secondary to pain or increased pain	
Systems Review, History:	PMH: L shoulder surgery for similar injury, HTN, DM2, asthma, Left ankle repair.	
	Meds: allegra, lovastatin, celebrex	
	HPI: Initial pain/injury began 2 years ago with torn RC muscle ? And SLAP lesion . He is now w/ R SAD with glenohumeral ligament excision on 10/11/10. This is his 3rd surgery for R shoulder.	
Patient has a history of behavioral health risks:	NO	
Patient / Caregiver concurs with established goals:	YES	Frequency of Exercise sessions per week: < 3
Emotional response to health status:	FAIR	Reported Eating Habits: GOOD
Patient's communication skills:	GOOD	Reported Sleeping Patterns: FAIR
Knowledge of Exercise and Fitness:	GOOD	Reported Energy Level: GOOD
Patient is aware of and understands his/her diagnosis and prognosis:	YES	
Additional Pertinent Information: This is the 4th surgery on his right shoulder. The shoulder problems started on 10-8-2008. Dr. Demarco said he can go without a sling on Monday 5-7-12.		

PT Initial Evaluation

Charleston Physical Therapy

Physical Therapy

Initial Evaluation / Examination

Page 2

Patient: CONTRERAS, THOMAS

Date: Thursday, May 03, 2012

Functional Measures

Tolerance to IADLs

Current Level: Moderate - Severe pain during and/or after a specific IADL affecting performance

Goal: No pain nor limitation during and/or after a specific IADL affecting performance

Tolerance to Work Activities

Current Level: Unable to perform specific work activity secondary to pain or limitation

Goal: Mild pain during and/or after a specific work activity affecting performance

Tolerance to Recreation Activities

Current Level: Severe pain and limitation in a specific recreational activity affecting performance

Goal: Mild pain and limitation in a specific recreational activity affecting performance

Functional characteristics and analysis:

Patient enjoys fishing, weight lifting, and bowling recreationally. He is currently unable. He is restricted from lifting >10# with either UE per MD - permanent restriction due to severity of injuries to B shoulders.

Functional LTG: 8-12 weeks

1. Patient to resume all recreational activities painfree.

Impairment Goals; Short Term:

Range of motion is improved by 25% in 2 weeks

Increase Strength by 25% in 2 weeks

Motor function is improved by 25% in 2 weeks

Soft tissue inflammation, or restriction is reduced by 25% in 2 weeks

Functional Goals; Long Term:

Restore Function

IADL/work/recreational performance in related activities is improved to prior level of function

Recreational performance in related activities is improved

Independent with home exercise program

Physical Findings

Pain

Site #1: Joint Pain - Shoulder - Right; At Rest 7/10; With Activity 10/10; Sharp; Localized

Exacerbating Factors: Lifting & Lying on side

Relieving Factors: Ice to the affected area & Rest

Goal: Pain decreased by 25% in 2 weeks

Pain decreased by 50% 4 weeks.

Pain decreased by 90% 8 weeks.

Palpation

Location: Supraspinatus and Infraspinatus tendons

Finding: Tenderness

Location: Muscle - deltoid medial - Right

Finding: Tenderness

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Initial Evaluation

Charleston Physical Therapy

Physical Therapy

Initial Evaluation / Examination

Page 3

Patient: CONTRERAS, THOMAS

Date: Thursday, May 03, 2012

Initial Eval Level						Goal					
Shoulder		Strength		Active ROM		Shoulder		Strength		Active ROM	
		Right	Left	Right	Left			Right	Left	Right	Left
Flexion				135°	180°	Flexion				165°	170°
Extension				15°		Extension				40°	
Abduction				110°	120°	Abduction				155°	160°
Adduction						Adduction					
Horizontal Abduction						Horizontal Abduction					
Horizontal Adduction						Horizontal Adduction					
Internal Rotation				80°	70°	Internal Rotation				70°	70°
External Rotation				30°	45°	External Rotation				60°	75°

Comments on Shoulder: Current; scap ret, table slides, pendulum

Assessment:

Thomas Contreras is a 49 yo M who presents to PT w/ biceps re-attachment with scapular dysfunction SAD. Patient demonstrates restrictions in A/PROM, poor postural awareness, decreased strength in R shoulder/RC musculature, and poor scapular stability which limit his ability to perform IADL, work and recreational activities. He will benefit from PT including manual techniques, stretching and strengthening exercises of R shoulder, scapular stabilization, postural instruction, and US pm for pain and to improve healing. Recommend 2-3x/week x 6-8 weeks. Thank you.

Interventions (CPT Code)

Physical Therapy Initial Evaluation / Examination 97001

Therapeutic Exercises - Therapeutic Procedure - 1+ Areas 97110

Manual therapy techniques - joint mobilization and soft tissue massage 97140

Ultrasound - Modality to 1+ Areas - Each 15 Min 97035

Frequency of PT: Two to three times

Duration of PT: 8 weeks

5-3-12 *Marilyn M. Swygert* [Signature]
 Date Marilyn M. Swygert PT, DPT, MHS
 State Lic #: 253
 Software Reg #: NPDSA-PXZQP-PFB11-WORFP

Initial Evaluation

Charleston Physical Therapy

Fax:

Jan 20 2011 01:10 PM P007/007
Corvel Capture 3/15/2011

56

CHARLESTON PHYSICAL THERAPY,

Printed: 01/19/11

Encounter: 23830

Location: 01 WEST ASHLEY

Off:

TIN:

Note:

Appt:
NextAppt:01/20/11 9:30am With: JODIE R
With:

Case Remarks:

Case Id: 84048-01
THOMAS CONTRERAS
363 LANTANA DRIVE
CHARLESTON, SC 29407Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY
DOB: 09/25/1961 Age: 49 Ph: (843)324-5387PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pat:Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDERInsl: CORVEL
+ Cep G

Ydi:

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-2
*15 Minute Unit*97032-36 Estim
97014-32 Estim TENS
*97035-30 Ultrasound
*97140-53 Manual Therapy
97022-40 Whirlpool
*97110-57 Therapeutic Exercise
*97530-71 Functional Activity
97150 Group Therapeutic Procedure
97113-63 Aquatic Therapy*97033-50 Ionto
*97012-32 Traction Mech.
*97116-50 Gait Training
97016-32 Vaa
9707 Supply
97535-65 Self/Care Home Management Traini
*97112 Neuromuscular Re-Education
Splint

Charges \$171 Payments \$ Posted KB

S: I bowled! I used a 12# ball. It feels stiff but no pain
9/15/11 9:30 am Dr. DeMarco

O: Therex per sheet

ABB T9, PROM Flex = 131°, ER = 12°, ABD = 131° (scapular)
PROM: Flex = 171°, ER = 65°, IR = 71°, ABD = 145°Supine Flex = 130° ABD = 145°
manual ER stretching 30-45° ABD x 5'A: ROM strength have improved to ~90% of previous function.
He has returned to bowling painfree. He is appropriate
for D/C @ this time.

P: D/C to D. HEP - will write/fax note to DeMarco.

Therapist Signature:

Date

License #5963

Time in: 9:38

Time out: 10:16

Discharge: 1/20/11

Fax:

Jan 18 2012 07:07 PM
Corvel Capture 3/15/2011

57

CHARLESTON PHYSICAL THERAPY

Printed: 01/17/11

Encounter: 23713

Location: 01 WEST ASHLEY

Note:

Off:

TIN:

Appt: 01/18/11 1:30pm With: JODIE R

NextAppt: 01/20/11 9:30am With: JODIE R

Case Remarks:

Case Id: 84048-01

Guarantor: THOMAS CONTRERAS

PtBal: 0.00

THOMAS CONTRERAS

Case Type: WC

InsBal: 0.00

363 LANTANA DRIVE

Bill Type: 2 Loc: 01 WEST ASHLEY

CaseTot: 0.00

CHARLESTON, SC 29407

AllCases: 0.00

DOB: 09/25/1961

Age: 49

Ph: (343)324-5387

Last Pat:

Dx1: 726.19 ROTATOR CUFF DYS NEC

Txal: CORVEL

Idl:

Dx2: 728.2 MUSCULAR DISUSE ATROPHY

% Cop 0

Dx3: 719.51 JT STIFFNESS NEC-SHLDER

Dx4: 719.41 JOINT PAIN-SHLDER

IE: 97001-145 PT Eval

97003-110 OT Eval

97002-77 PT Re-Eval

97004-56 OT Re-E

*15 Minute Unit

*97032-36 Estim

*97033-50 Ionto

97014-32 Estim TENS

*97012-32 Traction Mech.

*97035-30 Ultrasound

*97116-50 Gait Training

*97140-53 Manual Therapy

97016-35 Vas

97022-80 Whirlpool

99707 Supply

*97110-57 Therapeutic Exercise

97535-65 Self/Care Home Management Traini

*97530-71 Functional Activity

*97112 Neuromuscular Re-Education

97150 Group Therapeutic Procedure

Splint

97113-63 Aquatic Therapy

Charges \$167

Payments \$

Posted KB

⑤ My shoulder is doing ok - Pain 4/10

⑥ Therex per sheet x 30'

Manual PROM ② APTS with end range holds IR/ER. AP glides GIII/IV in supine at end range IR and ER. Manual HADD stretch x30'

Encouraged patient to return to recreational activities including bowling fishing & throwing a ball.

⑦ Pt still c/o 4/10 pain but able to complete therex with no difficulty. IR/ER MC following AP glides/manual therapy

⑧ See for one more tx session

Therapist Signature:

J. Hapser

Date

1/18/11

License:

7163

Discharge:

148

Fax:

Jan 11 2011 11:40am DMJ/ARJ
Corvel Capture 3/2/2011

58

CHARLESTON PHYSICAL THERAPY

Printed: 01/10/11

Encounter: 23405

Location: 01 WEST ASHLEY

Off:

TIN:

Note:

Appt: 01/11/11 9:30am With: JODIE R

NextAppt: 01/13/11 9:30am With: JODIE R

Case Remarks:

Case Id: 84048-01

Guarantor: THOMAS CONTRERAS

PtBal: 0.00

THOMAS CONTRERAS

Case Type: WC

InsBal: 0.00

363 LANTANA DRIVE

Bill Type: 2 Loc: 01 WEST ASHLEY

CaseTot: 0.00

CHARLESTON, SC 29407

AllCases: 0.00

DOB: 09/25/1961

Age: 49

Ph: (843)324-5387

Last Pmt: 0.00

Dx1: 726.19 ROTATOR CUFF DIS NEC

Ins1: CORVEL

Id1:

Dx2: 728.2 MUSCULAR DISUSE ATROPHY

& Cop 0

Dx3: 719.51 JT STIFFNESS NEC-SHLDER

Dx4: 719.41 JOINT PAIN-SHLDER

IE: 97001-145 PT Eval

97003-110 OT Eval

97002-77 PT Re-Eval

97004-56 OT Re-E

*15 Minute Unit

*97032-36 Estim

*97033-50 Ionto

97014-32 Estim TENS

*97012-32 Traction Mech.

*97035-30 Ultrasound

*97116-50 Gait Training

*97110-53 Manual Therapy

97016-35 Vas

97022-40 Whirlpool

99707 Supply

*97110-57 Therapeutic Exercise

97535-65 Self/Care Home Management Traini

*97530-71 Functional Activity

*97112 Neuromuscular Re-Education

97150 Group Therapeutic Procedure

Splint

97113-63 Aquatic Therapy

Charges \$167

Payments \$

Posted KB

Shoulder is OK.

① HBBTIL ARDM @ 155, ADD 130° AER = +30°

Innt 5/5 X ER 4/5

Supin PROM V 130°, ADD 130°, IR 64°, 72/78°, ER 75°

Therex per sheet 30 min, Manual Release (above), Stretch IL

C AP @ ER range & gain from 64-78°. ER C cont work to

end range.

② A/P arm improved. Full strength X ER (16). Cont to report
fatigue & sustained overhead positions. Improved participation
today. 80% improvement for ADL/recreational tasks.③ Cont 2-3 more visits. Will return to work @ 1/21/11 @ light duty
if white report report not yet completed.

Therapist Signature: [Signature]

Date

1/11/11

License # 1163

Time in: 9:33

Time out: 10:18

Discharge:

149

Fax:

Jal Corvel Capture 2/22/2011

59

Tommy CONTRERAS

Appt: 01/05/11 11:00am With: JODIE R
NextAppt: 01/11/11 9:30am With: JODIE R

Case Id: 84048-01	Guarantor: THOMAS CONTRERAS	PtBal:	0.00
THOMAS CONTRERAS	Case Type: WC	InsBal:	0.00
363 LANTANA DRIVE	Bill Type: 2 Loc: 01 WEST ASHLEY	CaseTot:	0.00
CHARLESTON, SC 29407		AllCases:	0.00
DoB: 09/25/1961 Age: 49 Ph: (843)324-5387		Last Pat:	0.00

Dx1: 726.19 ROTATOR CUFF DIS NEC	Incl: CORVEL	Idi:
Dx2: 728.2 MUSCULAR DISUSE ATROPHY	* Cop 0	
Dx3: 719.51 JT STIFFNESS NEC-SHLDER		
Dx4: 719.41 JOINT PAIN-SHLDER		

IE: 97001-145 PT Eval	97003-110 OT Eval	97002-77 PT Re-Eval	97004-56 OT Re-E
*15 Minute Unit			
*97032-36 Estim		*97033-50 Ionto	
*97014-32 Estim TENS		*97012-32 Traction Mech.	
*97035-30 Ultrasound		*97116-50 Gait Training	
*97140-53 Manual Therapy		97016-35 Vas	
97022-40 Whirlpool		99707 Supply	
X3 *97110-57 Therapeutic Exercise		97535-65 Self/Care Home Management Traini	
*97530-71 Functional Activity		*97112 Neuromuscular Re-Education	
*97150 Group Therapeutic Procedure		Splint	
*97113-63 Aquatic Therapy			

Charges \$ 171. Payments \$. Posted KB

⑤ Shoulder is good - pain has been less the last 2 days. 4/10.
70% better.

⑥ Therex x 39! pershed.

Discussed return to working this weekend c 12# ball
c stretching + ice.

⑦ Pt do inability to reach into high cabinets 2° pain but
is able to perform mult reps of v/scaption c 6# c no
difficulty. Pt also demo d'd motivation to complete full
Set of 1/2 d difficulty exercises (lat wt shifts & overhead
press) Expressed concerns re: return to working, throwing, fishing.

⑧ Comp per R

Therapist Signature

Date: 1.05.11 License: 1163

Time in: 11:25

Time out: 11:45

Discharge:

1150

CHARLESTON PHYSICAL THERAPY

Printed: 12/30/10

Fax:

Jan Corvel Capture 2/24/2011

60

Off:

TIN:

Note:

Encounter: 23001

Location: 01 WEST ASHLEY

Appt: 01/03/11 10:00am With: JODIE R

NextAppt: 01/05/11 11:00am With: JODIE R

Case Remarks:

Case Id: 84048-01

THOMAS CONTRERAS

363 LANTANA DRIVE

CHARLESTON, SC 29407

DOB: 09/25/1961

Age: 49

Ph: (843) 324-5387

Guarantor: THOMAS CONTRERAS

Case Type: WC

Bill Type: 2 Loc: 01 WEST ASHLEY

PtBal:

0.00

InsBal:

0.00

CaseTot:

0.00

AllCases:

0.00

Last Pmt:

Dx1: 728.19 ROTATOR CUFF DIS NEC

Insal: CORVEL

Idl:

Dx2: 728.2 MUSCULAR DISUSE ATROPHY

* Cop 0

Dx3: 719.51 JT STIFFNESS NEC-SHLDER

Dx4: 719.41 JOINT PAIN-SHLDER

IE: 97001-145 PT Eval

97003-110 OT Eval

97002-77 PT Re-Eval

97004-56 OT Re-E

*15 Minute Unit

*97032-36 Estim

97014-32 Estim TENS

*97035-30 Ultrasound

*97140-53 Manual Therapy

97022-40 Whirlpool

*97110-57 Therapeutic Exercise

*97530-71 Functional Activity

97150 Group Therapeutic Procedure

97113-63 Aquatic Therapy

*97033-50 Ionto

*97012-32 Traction Mech.

*97116-50 Gait Training

97016-35 Vas

99707 Supply

97535-65 Self/Care Home Management Traini

*97112 Neuromuscular Re-Education

Splint

Charges \$ 114

Payments \$

Posted KB

① Pain still mild.

② Therex per sheet 8361.

Discussed Mng strengthening ex. @ home to ↓ stiffness/
pain.

③ No pain @ end of tx. tolerated A'd weight. Pain
likely due to stiffness & ↓'d strengthening participation @ home.

④ Cont per POC - cont to progress.

Therapist Signature

Date 1/03/11

License # 3112

Time in: 10:10

Time out: 10:46

Discharge:

BI

6

Fax:

Dec Corvel Capture 2/9/2011

61

Off:

EIN:

Note:

Appt: 12/22/10 11:00am With: JOOIE R
NextAppt: With:

Case Remarks:

Case Id: 84048-01
THOMAS CONTRERAS
363 LANTANA DRIVE
CHARLESTON, SC 29407

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY
DoB: 09/25/1961 Age: 49 Ph: (843)324-5387

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
* Cop 0

Id1:

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E

*15 Minute Unit

*97032-36 Estim

97014-32 Estim TENS

*97035-30 Ultrasound

*97140-53 Manual Therapy

97022-40 Whirlpool

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97150 Group Therapeutic Procedure

97113-63 Aquatic Therapy

*97033-50 Ionto

*97012-32 Traction Mech.

*97116-50 Gait Training

97016-35 Vas

99707 Supply

97535-65 Self/Care Home Management Traini

*97112 Neuromuscular Re-Education

Splint

Charges \$167- Payments \$ Posted KB

(S) Pain 5/10. Felt good til I put a shirt on.

(O) Therex per sheet x 34! Manual x 10.

PA. Gilt in neutral & end range R. Gilt; longitudinal
Gilt, LR, Gilt & end range hold, manual lat stretch 2x30,
manual IS stretch 2x30

(B) Difficulty w manual stretching as Attil to co-contraction
& resists BT. Pain remains mostly unchanged. Progressing
C resistance.

(P) Cont per POC.

Therapist Signature

Date 12/22/10

License #3623

Time in: 10:41

Time out: 11:20

Discharge:

24

CHARLESTON PHYSICAL THERAPY

Printed: 12/17/10

Fax:

Doc Corvel Capture 2/9/2011

62

Encounter: 22577

Location: 01 WEST ASHLEY

Note:

Appt: 12/20/10 4:00pm With: JODIE R
 Next Appt: 12/22/10 11:00am With: JODIE R

Case Id: 84048-01

THOMAS CONTRERAS

363 LANTANA DRIVE

CHARLESTON, SC 29407

DOB: 09/25/1961

Age: 49

Guarantor: THOMAS CONTRERAS

Case Type: WC

Bill Type: 2 Loc: 01 WEST ASHLEY

Ph: (843)324-5367

PtBal:

0.00

InsBal:

0.00

CaseTot:

0.00

AllCases:

0.00

Last Pat:

Dx1: 726.19 ROTATOR CUFF DIS NEC

Dx2: 728.2 MUSCULAR DISUSE ATROPHY

Dx3: 719.51 JT STIFFNESS NEC-SHLDER

Dx4: 719.41 JOINT PAIN-SHLDER

Insl: CORVEL

* Cop 0

Id1:

IE: 97001-145 PT Eval

97003-110 OT Eval

97002-77 PT Re-Eval

97004-56 OT Re-E

*15 Minute Unit

*97032-36 Estim

97014-32 Estim TENS

*97035-30 Ultrasound

*97140-53 Manual Therapy

97022-40 Whirlpool

*97110-57 Therapeutic Exercise

*97530-71 Functional Activity

97150 Group Therapeutic Procedure

97113-63 Aquatic Therapy

*97033-50 Ionto

*97012-32 Traction Mech.

*97116-50 Gait Training

97016-35 Vag

99707 Supply

97535-65 Self/Care Home Management Traini

*97112 Neuromuscular Re-Education

Splint

Charges \$ 171

Payments \$

Posted KB

③ My shoulder was really sore when I saw Demarco - didn't
 move as well.

④ Therap per sheet x 40'

⑤ Pain @ visit @ MD United RDM 20 getting shocked by light switch.
 Pain has since improved & tolerated all ex 5 complaint today.

⑥ Cont per pdc.

Therapist Signature: *[Signature]*

Date 12/20/10

License # 59423

Time in: 4:05

Time out: 4:48

Discharge:

133

Fax:

Dep of Health & Human Services
Book 136 Corvel Capture 2/24/2011

63

X Tommy CONTRERAS

Appt: 12/16/10 10:15am With: JODIE R
NextAppt: 12/20/10 4:00pm With: JODIE R

Case Id: 84048-01 Guarantor: THOMAS CONTRERAS PtBal: 0.00
 THOMAS CONTRERAS Case Type: WC InsBal: 0.00
 363 LANTANA DRIVE Bill Type: 2 Loc: 01 WEST ASH CaseTot: 0.00
 CHARLESTON, SC 29407 AllCases: 0.00
 DoB: 09/25/1961 Age: 49 Ph: (843)324-5387 Last Pmt:

Dx1 726.1 ROTATOR CUFF DIS NEC Insal CORVEL Id1
 Dx2 728.2 MUSCULAR DISUSE ATROPHY & Co 0
 Dx3 719.5 JT STIFFNESS NEC-SHLDER
 Dx4 719.4 JOINT PAIN-SHLDER

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval

*15 Minute Unit

*97032-36 Estim

97014-32 Estim TENS

*97035-30 Ultrasound

*97140-53 Manual Therapy

97022-40 Whirlpool

*97110-57 Therapeutic Exercise

*97530-71 Functional Activity

97150 Group Therapeutic Procedure

97113-63 Aquatic Therapy

*97033-50 Ionto

*97012-32 Traction Mech.

*97116-50 Gait Train

97016-35 Vas

99707 Supply

97535-65 Self/Care Home Man

*97112 Neuromuscular Re-Edu

Splint

Charges \$167 Payments \$ Posted KB

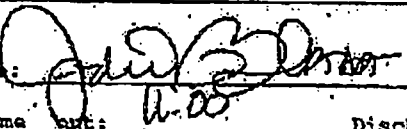
(S) hurts more today - 1/10. Sharp pain when I flipped light on yesterday.

(C) Therapist per sheet & IFC estim 125bps to ↓ pain during exercises & allow ↑ performance. Quadrant mob Gt+, Pain end range IR (Gt+, Gt+, ER mob Gt+, Gt+, Longitudinal Gt+ manual x9! Declined ice.

(A) ER=70, IR=60. Pain ↓ at end of tx 9/10 but was fatigued.

P: TO Demarco tomorrow @ 9:45 AM. Cont'd visits.

Therapist

Signature: 

Date: 12/16/10 5413 Ld

Time in: 10:17

Time out: 11:05

Discharge:

134

Fax:

Dec 22 09:00 AM - 12/22/2011
Local Capture 2/4/2011

64

X Tommy CONTRERAS

Appt: 12/13/10 11:00am With: JODIE R
Next Appt: 12/16/10 10:15am With: JODIE R

Case Id: 84048-01 Guarantor: THOMAS CONTRERAS PtBal: 0.00
 THOMAS CONTRERAS Case Type: WC InsBal: 0.00
 363 LANTANA DRIVE Bill Type: 2 Loc: 01 WEST ASHLEY CaseTot: 0.00
 CHARLESTON, SC 29407 AllCases: 0.00
 DOB: 09/25/1961 Age: 49 Ph: (843)324-5387 Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC Ins1: CORVEL Id1:
 Dx2: 728.2 MUSCULAR DISUSE ATROPHY & Cop 0
 Dx3: 719.51 JT STIFFNESS NEC-SHLDER
 Dx4: 719.41 JOINT PAIN-SHLDER

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E
 *15 Minute Unit

*97032-36 Estim
 97014-32 Estim TENS
 *97035-30 Ultrasound
 *97140-53 Manual Therapy
 97022-40 Whirlpool
 X *97110-57 Therapeutic Exercise
 *97530-71 Functional Activity
 97150 Group Therapeutic Procedure
 97113-63 Aquatic Therapy
 *97033-50 Tonto
 *97012-32 Traction Mech.
 *97116-50 Gait Training
 97016-35 Vas
 99707 Supply
 97535-65 Self/Care Home Management Traini
 *97112 Neuromuscular Re-Education
 Splint

Charges \$ 171. Payments \$ Posted KB

(S) Pain not constant now. Worst @ overhead activity & still unable to
 sleep on @ side. @ 10 VPRS.

(C) Therex per sheet

✓ 174° P; A ✓ 150, PABD 132° P, A ABD 44, P IR = 50, PER = 45, AER = 72
 HBB = T11

(A) tolerated strengthening in 0-90° elev. today & pain.
 A ROM esp HBB remains limited in ER @ 1/2 arnts ABD.

(E) Will fax reassessment to MD for signature & to Corvel.

Therapist Signature:

Date 12/13/10 License # 5963

Time in: 11:07

Time out: 11:45

Discharge:

ISS

CHARLESTON PHYSICAL THERAPY

Printed: 12/03/10

Fax:

Der. Corvel Capture 1/25/2011 65

Encounter: 21793

Location: 01 WEST ASHLEY

Note:

Appt: 12/06/10 11:45am With: JODIE R
Next Appt: 12/13/10 11:00am With: JODIE R

Tommy Contreras

Case Id: 84048-01

THOMAS CONTRERAS

363 LANTANA DRIVE

CHARLESTON, SC 29407

DoB: 09/25/1951

Age: 49

Guarantor: THOMAS CONTRERAS

Case Type: WC

Bill Type: 2 Loc: 01 WEST ASHLEY

Ph: (843) 324-5387

PtBal:

0.00

InsBal:

0.00

CaseTot:

0.00

AllCases:

0.00

Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC

Ins1: CORVEL

Idi:

Dx2: 728.2 MUSCULAR DISUSE ATROPHY

* Cop 0

Dx3: 719.51 JT STIFFNESS NEC-SHLDER

Dx4: 719.41 JOINT PAIN-SHLDER

IE: 97001-145 PT Eval

97003-110 OT Eval

97002-77 PT Re-Eval

97004-56 OT Re-E

*15 Minute Unit

*97032-35 Estim

97014-32 Estim TENS

*97035-30 Ultrasound

☒ *97140-53 Manual Therapy

97022-40 Whirlpool

☒ *97110-57 Therapeutic Exercise

*97530-71 Functional Activity

97150 Group Therapeutic Procedure

97113-63 Aquatic Therapy

*97033-50 Ionto

*97012-32 Traction Mech.

*97116-50 Gait Training

97016-35 Vas

99707 Supply

97535-65 Self/Care Home Management Traini

*97112 Neuromuscular Re-Education

Splint

Charges \$110

Payments \$

Posted KB

Shoulder hurts 6/10 today.

Therex per sheet x 20 min.

Manual: prone (D) Gt (D) + ADD Gt/mt + Supine AP (D) Gt

Gt/mt, ReAssess of (D) & L pain x 5 reps, no A in Add.

Quadrant Gt/mt @ apex & reassess to no further A in V/AB

x 20 min. Ice x 10 min (sitting)

Strengthening is limited by pain @ this time & pt reports

long "stop" @ Add. Pain 4/10 to manual tx @ Add

patient's range.

Cont per POC

Therapist Signature

Date 12/06/10

License # 7463

11/14/10

12/1/10

Discharge:

156

Fax:

Corvel Capture 2/3/2011
Doc 4 2010 00:20PM PMU2/002

66

CHARLESTON PHYSICAL THERAPY

Printed: 12/02/10

Encounter: 21720

Location: 01 WEST ASHLEY

Off:

Appt: 12/02/10 3:45pm With: JODIE R
NextAppt: 12/06/10 11:45am With: JODIE R

Case Rpt:

Case Id: 84048-01
THOMAS CONTRERAS
363 LANTANA DRIVE
CHARLESTON, SC 29407
DoB: 09/25/1961 Age: 49 Ph: (843) 324-5387

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2, Loc: 01 WEST ASHLEY

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
* Cop 0
Id1:

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E

*15 Minute Unit

*97032-36 Estim
97014-32 Estim TENS
*97035-30 Ultrasound
1 *97140-53 Manual Therapy
97022-40 Whirlpool
2 *97110-57 Therapeutic Exercise
*97530-71 Functional Activity
97150 Group Therapeutic Procedure
97113-63 Aquatic Therapy

*97033-50 Ionto
*97012-32 Traction Mech.
*97116-50 Gait Training
97016-35 Vbs
99707 Supply
97535-65 Self/Care Home Management Traini
*97112 Neuromuscular Re-Education
Splint

Charges \$ 167. Payments \$ Posted Na

① Shoulder is still there. Feels like pressure in the joint.
Will be retired on the 29th!

② TherEx per sheet x 25'. ③ Shldr mobs: AC jt dist G II/III 2x45", Dist
glide G III 2x45", Dist glide E HADD G III/III, lat distraction G III/IV 2x45"
Passive stretching in supine ✓ ABD, HADD + ER. CCP to sitting to ③ Shldr
x 10'.

④ Med ⑤ + neurostim during all exercises. Good A/PROM for the majority of shldr
movements - the exception of ER + HBS in which he has mild limitations.
Reports ⑥ + a "rattling sensation" throughout all ROMs.

⑦ Cont PT.

Therapist Signature:

Date

12/02/10

License # 43

Time in: 3:45

Time out: 4:10

10/10/10 SPT

Mechanics:

157

364

Fax:

No Corvel Capture 2/3/2011

67

Note:

X Tommy CONTRERAS

Appt: 11/30/10 11:00am With: JODIE R
Next Appt: With:

Case Id: 84048-01 Guarantor: THOMAS CONTRERAS PtBal: 0.00
 THOMAS CONTRERAS Case Type: WC InsBal: 0.00
 363 LANTANA DRIVE Bill Type: 2 Loc: 01 WEST ASHLEY CaseTot: 0.00
 CHARLESTON, SC 29407 AllCases: 0.00
 DoB: 09/25/1961 Age: 49 Ph: (843)324-5387 Last Pat: 0.00

Dx1: 726.19 ROTATOR CUFF DIS NEC Ins1: CORVEL Id1:
 Dx2: 728.2 MUSCULAR DISUSE ATROPHY * Cop 0
 Dx3: 719.51 JT STIFFNESS NEC-SHLDER
 Dx4: 719.41 JOINT PAIN-SHLDER

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E

*15 Minute Unit

*97032-36 Estim
 *97014-32 Estim TENS
 *97035-30 Ultrasound
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 Splint

Charges \$ 167-

Payments \$

Posted KB

11/30

(S) Almost called the MD Sat because it hurt so bad today
 5/10 pain. Did not have ice or narcotics available. 9/12 7 wks today

(G) Ther Ex per sheet x 32'

Manual PROM, scaption, ER, IR, HAAD 2x30° ea.
 Dist glides 6x10, inf glides 6x10 x 9'.
 Ice to (R) shoulder x 15' (seated).

(A) Progressed to isokinetics per MD protocol. Unable to use
 either hand due to allergy - FREE weight only. Normal
 AM exercises & ex today but tolerated.

(F) Cont per POC.

Therapist Signature:

11-20

11/30/10

Date 11/30/10 License # 5963

N/A

Fax:

Nov 22 2010 10:27 AM CHS/MAS
Local Corvel Capture 2/8/2011

68

Off:

TIN:

Note:

Appt: 11/19/10 4:00pm With: JODIE R
Next Appt: 11/30/10 11:00am With: JODIE R

Case Remarks:

Case Id: 84048-01	Guarantor: THOMAS CONTRERAS	PtBal:	0.00
THOMAS CONTRERAS	Case Type: WC	InsBal:	0.00
363 LANTANA DRIVE	Bill Type: 2 Loc: Q1 WEST ASHLEY	CaseTot:	0.00
CHARLESTON, SC 29407		AllCases:	0.00
DoB: 09/25/1961	Age: 49 Ph: (843)324-5387	Last Pat:	

Dx1: 726.19 ROTATOR CUFF DIS NEC
 Dx2: 728.2 MUSCULAR DISUSE ATROPHY
 Dx3: 719.51 JT STIFFNESS NEC-SHLDER
 Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
 * Cop 0

Id1:

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E
 *15 Minute Unit

*97032-36 Estim
 97014-32 Estim TENS
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 *97112 Neuromuscular Re-Education

~~Tommy Contreras~~

Charges \$ 167. Payments \$ Posted 22

① "My shoulder's hurting today."

② Therex: p.r. Sheet x 32 min.

FROM: V, F, R, L, ER, HADD x 7'. Gait @ inf glides, post glides,
 Post + Inf gait in HADD, distraction in HADD.
 Manual x 10'. Ice x 10'. (seated)

Discussed precautions as pt wished to take yard this weekend.

③ clo itching to type of latex-free bands. Recommend use of
 free wts only!!

④ Initiate FROM ag. gravity & isotonics next visit. S/P looks on
 11/22/10.

Therapist Signature:

Z. CK

A. R. D.

Date 11/19/10 License # 11113

Discharge:

1571

Fax:

Loc: Corvel Capture 2/4/2011

69

OFF:

- X Tommy CONTRERAS

Appt: 11/16/10 11:00am With: JODIE R

ExtAppt:

With:

Case Remarks:

Case ID: 04048
THOMAS CONTRERAS

Guarantor:

Case Type:

Bill Type:

Loc: 01 WEST ASHLEY

PtBal:

InsBal:

CaseTot:

AllCases:

0.00

DOB: 9.25.1961

Age:

Ph: (843) 324-5387

DOI: 10/11/10

* Cop

DC: 726.19, 728.2, 719.51, 719.51

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E

*15 Minute Unit

*97032-36 Estim

97014-32 Estim TENS

*97035-30 Ultrasound

*97140-53 Manual Therapy

97022-40 Whirlpool

*97110-57 Therapeutic Exercise

*97530-71 Functional Activity

97150 Group Therapeutic Procedure

97113-63 Aquatic Therapy

*97033-50 Ionto

*97012-32 Traction Mech

*97116-50 Gait Training

97016-35 Vas

9707 Supply

97535-65 Self/Care Home Management Traini

*97112 Neuromuscular Re-Education

Splint

Charges \$ 259.00 Payments \$ Posted ll

⑥ DX: Sp SAD C Gt Lig excision 10/11/10

⑥ Shoulder examination, ROM as quality & amount deferred due to post-op precautions. Pt edu per precautions, exercises in comfortable/tolerated ROM only, postural correction & discussed how posture affects shoulder ROM/pain, instruction in ther - see chart copy. TEX 201.

⑥ S/S consistent c above Dx - see IE.

⑥ Initiate 2-3x/wk per MD protocol.

Therapist Signature:

Date

10/16/10

License# 91023

Time in:

11:05

Time out:

11:55

Discharge:

160

2008-4604



CHARLESTON PHYSICAL THERAPY

Date: 11-10-10Patient Name: Thomas ContrerasMD: Dr. DemarcoPatient Phone: 843 324 5387

West Ashley
1730 Savannah Hwy.
Charleston, SC 29407
843-763-4115 office
843-766-3240 fax

James Island
349 Folly Road, Suite 2C
Charleston, SC 29412
843-762-0147 office
843-762-0421 fax

Wesley Drive
615 Wesley Drive, Suite 110
Charleston, SC 29407
843-768-5455 office
843-768-5452 fax

Mount Pleasant
180 Wings Way, Suite 303
Mount Pleasant, SC 29464
843-972-0940 office
843-881-8452 fax

PHYSICAL THERAPY PLAN/CERTIFICATION

Diagnosis/Condition: RD ShoulderSurgical Procedures: See attachedFunctional Limitations/Prior History: ☐ NoneSpecific Orders: needs P.T. w/ Katie Houstonper Dr. Demarco

11-16-10
11:00am

TREATMENT PLAN: Type/Amount

☒ EVALUATE AND TREAT: Includes Modalities Below PRN, Progressive Exercise/Conditioning, Education as Needed

☐ Manual Therapy-Joint/Soft Tissue Mobilization☐ General Stretching/Strengthening Exercises☐ Balance Training/Functional Activity☐ Ultrasound☐ Neuromuscular Re-education☐ Iontophoresis☐ Electrical Stimulation☐ Traction☐ Biofeedback☐ Taping/Bracing☐ Custom Fitted Orthotics☐ Pre/Post Joint Replacement Rehab☐ Cervical/Lumbar Spine Stabilization☐ Post-Surgical Rehab☐ Urinary Incontinence Program☐ Pre-Natal/Postpartum Program☐ Balance Training/Functional Activity☐ Osteoporosis/Postural Assessment☐ Gait Analysis/Training☐ TMJ Joint Dysfunction☐ Ergonomic/Job Site Assessment☐ Functional Capacity Evaluation

TREATMENT PLAN: Frequency of Treatment (1 2 3 4 5 Days/Weeks)

☐ Change PRN as Patient Progresses

TREATMENT PLAN: Duration: (1 2 3 4 5 6 7 8 Weeks) From start of Therapy

to _____

I certify that the treatment above will be carried out by me or under my direction.

_____, PT

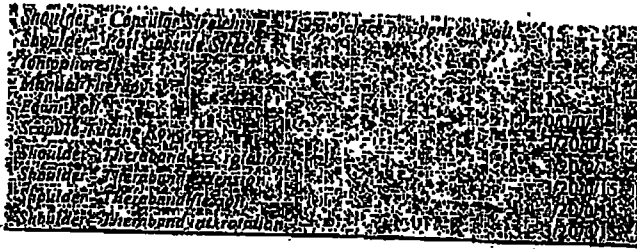
Date _____

I certify medical necessity for therapy services for the above named patient.

_____, MD

Date _____

Please visit our website at www.charlestonphysicaltherapy.com



Corey Hunt, SPT

Corey Hunt (WP) PT

test

Daily Note

DATE:	9/2/2010	INSURANCE:	CAREIQ THERAPY PROGRAM
PATIENT:	Contreras, Thomas		
PATIENT #:	1000043251	DATE OF BIRTH:	8/25/1961
DIAGNOSIS:	PAIN - Shoulder (719.41)		
PROBLEM SITE:	Shoulder - Right		
SITE DESCRIPTION:	West		
REFERRAL:	F96236 James DeMarco, M.D.		

Pt continues to report pain located on post R shoulder, proximal to spine of scapula. Reports desk work and overhead motion still irritate shoulder and make pain worse

See Flow Chart for treatment administered to this patient today.

Cont. with light warm-up on UBE, manual stretching and finished with ice. Pt reports bruising around hybrosis patch and does not think it is helping with pain. continued cross lat stretch due to spasms along lats and rhomboids.

TTT:40'
Dit 30

Objective Finding	Initial	Last	Current	Goal
Shoulder AROM (R) ABD	165	165	WNL	
Shoulder AROM (R) Flexion	170	170	WNL	
Shoulder PROM (R) ABD	170	170	180	
Shoulder PROM (R) Flexion	170	170	180	
Shoulder PROM External Rotation	95	95	95	
Shoulder PROM (R) Internal Rotation	50	50	L1	

Exercise/Modality Description (sets/reps/weight/duration)	9/2/2010	8/26/2010	8/23/2010	8/18/2010	8/12/2010
Aerobic-UBE	6	6	6	6	6
Shoulder - Capsular Stretching - 1,2,3 o'clock positions on wall	15	15	15	15	15
Shoulder - Post Capsule Stretch	15	15	15	15	15
Manual Therapy	15	15	15	15	15
Iontophoresis - hybrosis		15		15	
Foam Roll		0/0/0/5	0/0/0/5	0/0/0/5	15

Pts ROM has improved and feels as though he would also benefit from strengthening program if approved by doctor. Pts pain now seems to be related to weakness in RC

Cont POC = focus on stretching and modalities for P until doctor approves strengthening program

[Handwritten signature]

Patient: Contreras, Thomas (Pat#:1000043251) for 9/2/2010 Visit

Page 1

Corey Hunt (WP), PT

Patient: Contreras, Thomas (Pat#:1000043251) for 9/2/2010 Visit

Page 2

1165

Daily Note

ML Pleasant
P.O. Box 1390
ML Pleasant, SC 29465
(843) 884-7880
(843) 884-6635 Fax
THERAPY@infoave.net

Diagnosis: **PAIN - Shoulder (719.41)**
Problems: **Shoulder - Right**

Exercise Modelled Description	Safety Requirements	Plan
1. Shoulder - Coracoclavicular joint		
2. Shoulder - Acromioclavicular joint		
3. Shoulder - Glenohumeral joint		
4. Elbow - Humeroulnar joint		
5. Wrist - Radiocarpal joint		

Corey Hunt 88.9

Corey Hunt (WP) PT

1. -
168

Corey & Hunt, DPT

Corey Hunt (WP) PT

1710

test

Daily Note

DATE:	8/12/2010	INSURANCE:	CAREIQ THERAPY PROGRAM
PATIENT:	Contreras, Thomas		
PATIENT #:	1000043251	DATE OF BIRTH:	8/25/1961
DIAGNOSIS:	PAIN - Shoulder (718.41)		
PROBLEM SITE:	Shoulder - Right		
SITE DESCRIPTION:	West		
REFERRAL:	F66236 James DeMarco, M.D.		

PI is 48 yo male who works as fire fighter that reports to therapy for eval and tx of R shoulder pain following labral repair in 2009. Doctor would like only stretches performed during therapy and ionto for LBP relief. PI reports he originally injured shoulder by lifting weights and performing overhead press. PI reports he had PT for several weeks following therapy but pain never subsided. Aggravating factors: resting arm on console of car, bowling, holding object, see DASH for attached list. Relieving factors: n/a

PMH: 2 prior shoulder surgeries

Meds: Celebrex prn

PI's last imaging study was performed in 2009

See Flow Chart for treatment administered to this patient today.

AROM: limited R abduction and flexion, pain with overpressure into AC joint

PROM: limited pectoralis tightness (R) and limited post capsule length

Posture: protracted shoulders and forward head posture

Strength: dec in R RC musculature and scapular retractors and LT

Palpation: tender over biceps tendon, tenderness on R AC joint

Special tests: hawkins kennedy -, empty can -, neer -, sulcus -

Tx today: shown HEP of stretches, ended with ionto on biceps tendon

Objective Finding	Initial	Last	Current	Goal
Shoulder AROM (R) ABD	165		165	
Shoulder AROM (R) Flexion	170		170	
Shoulder AC Joint Compression	Pos/Right		Pos/Right	
Shoulder Clunk Test	Negative		Negative	
Shoulder Empty Can Test	Negative		Negative	
Shoulder Hawkins-Kennedy Impingement test	Negative		Negative	
Shoulder MMT External Rotation	+4/5		+4/5	
Shoulder MMT Flexion	+4/5		+4/5	
Shoulder MMT Horizontal ABD	4/5		4/5	
Shoulder MMT supraspinatus right	4+5		4+5	
Shoulder Neer's Test	-		-	
Shoulder PROM (R) ABD	170		170	
Shoulder PROM (R) Flexion	170		170	
Shoulder PROM External Rotation	95		95	
Shoulder PROM (R) Internal Rotation	50		50	

Exercise/Modality Description (sets/reps/weight/duration)	8/12/2010				
Aerobic-UBE	5				
Shoulder - Capsular Stretching - 1,2,3 o'clock positions on wall	15				
Shoulder - Post Capsule Stretch - sleeper	15				
Iontophoresis	15	171			

Patient: Contreras, Thomas (Pat#:1000043251) for 8/12/2010 Visit

Page

Corey Hunt (WP), PT

172
Patient: Contreras, Thomas (Pat#:1000043251) for 8/12/2010 Visit

Page 2

ASSESSMENT: Response to treatment / Goal Status

PLAN:

Therapist Signature

SPORTE PLUS

7-2-9-10

Physician Follow-Up / Re-Evaluation / Discharge

Date: 1-26-10 Physician: Jaskuchal
 Patient Name: Thomas Contreras Initial Eval. Date: 10-13-09
 Diagnosis: (R) shld. debridement Number of Visits: 21

Patient's treatment has consisted of:

Thermax, Manual Therapy, Heat & Cryo, E-Stim,
US, Vasoconstrictive Compression.

Objective Measurements/Progress: (R) shld. ROM: 153° flexion, 142° abd.
IR to T2, ER to T2. (R) shld. MMT: 5/5 all planes &
ER 4 1/5.

Assessment/Progress: Tot's advanced Thermax & limitations. Pt
cont's to have subjective d/c joint pain when palpated.
also d/c 'popping' sensation & certain motions. No problems
& repetitive box lifts 40# or greater. Pt has reached
 Plan/Goals/Reason for DC: treatment plateau at this time.

Recommend: D/C to HEP per MD approval. Thanks!

Thank you very much for this referral. Please feel free to contact our clinic if you have any questions or concerns regarding this patient's treatment.

New MD orders or written comments: _____ Frequency & Duration: _____

PT signature: Jimmy Neirys MD signature: _____

174-111 1st. 2nd & 3rd (R43) 553-6604 • WPMCSHIZ.ORG

Progress Notes

Sashwhich

PATIENT *Thomas Contreras*

DOCTOR

NEXT MD APPT

1-27-10

DIAGNOSIS *W. Sald. d.*

#Rx since last re-eval

Rx remaining

Date

1-5-10

It feels fine as long as it's

SUBJECTIVE

my "celebration"

OBJECTIVE

Interf. *min*
Estim *min*
CP *min*

MH *min*
manual *min*
other *min*

CTUPTX *#lbs Int/Static*
ther ex per flow sheet 45 min
US cont/pulse *min*

fluids *min*
paraffin
lento *mA/ml*

① per Parachute

ASSESSMENT: Response to treatment / Goal Status

① clinical ther ex. Slightly challenged & T-band 100° IR/ER

PLAN:

Can't progress... add chest press

Therapist Signature

[Signature]

Rx remaining

Date

#Rx since last re-eval

SUBJECTIVE

OBJECTIVE

Interf. *min*
Estim *min*
CP *min*

MH *min*
manual *min*
other *min*

CTUPTX *#lbs Int/Static*
ther ex per flow sheet min
US cont/pulse *min*

fluids *min*
paraffin
lento *mA*

ASSESSMENT: Response to treatment / Goal Status

PLAN:

ns

PATIENT Thomas Amirevas DOCTOR Jaskiwich
 DIAGNOSIS shoulder NEXT MD APPT _____
 Date 12/23/09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE cl. a popping

OBJECTIVE
 Interf. _____ min MH _____ min CTX/PTX _____ #lbs In/Static _____
 E-stim _____ min manual _____ min Ther ex per flow sheet 10 min _____
 CP _____ min other _____ min US cont/pulse _____ min _____
Flow sheet added several.
@shoulder

ASSESSMENT: Response to treatment / Goal Status 5/5 MMT. shld ✓ + ASD. BU

PLAN: 1. move to planker position working on form.

Therapist Signature K. Steele PT

Date 12/29/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE no new c/o

OBJECTIVE
 Interf. _____ min MH _____ min CTX/PTX _____ #lbs In/Static _____
 E-stim _____ min manual _____ min Ther ex per flow sheet 45 min _____
 CP _____ min other _____ min US cont/pulse _____ min _____
Flow sheet
measured ROM

ASSESSMENT: Response to treatment / Goal Status ✓ = 146° TR = 5° ER = 61°
ABD = 145°
shortened rx 2° c/o asthma
11th rib. No real Δ in ROM.
 PLAN: Cont. POC

Therapist Signature K. Steele PT

Progress Notes

PATIENT Thomas Carreras DOCTOR Jaskiwich
 DIAGNOSIS Child abd. NEXT MD APPT _____
 Date 12/23/09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE Child "poppy"

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs Int/Static _____	fluid _____ min
E-stim _____ min	manual _____ min	ther ex per flow sheet <u>10</u> min	paraffin _____
<u>2</u> <u>CP</u> <u>10</u> min	other _____ min	US cont/pulse _____ min	lonto _____ mA/min

Flow sheet - added several.
Child

ASSESSMENT: Response to treatment / Goal Status 5/5 MPAT Child + ABD (BUE)

PLAN: 1 hour to planter position working on form 6.

Therapist Signature K. Gode PH

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE _____

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs Int/Static _____	fluid _____ min
E-stim _____ min	manual _____ min	ther ex per flow sheet _____ min	paraffin _____
CP _____ min	other _____ min	US cont/pulse _____ min	lonto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature M

Progress Notes

PATIENT Thomas Contina DOCTOR Jankovich
 DIAGNOSIS (R) u/s dx subluxation NEXT MD APPT 1-27-10
 Date 12-4-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE "It's feeling better"

OBJECTIVE

Interf. _____ min MH _____ min CTX/PTX _____ #lbs int/static _____ fluids _____ min
 E-stim _____ min (2) manual 15 min (3) ther ex per flow sheet 45 min paraffin _____
 CP _____ min other _____ min (1) US cont/pulse 8 min Ionto _____ mA/r
(1) (2) u/s dx (2) PROM all planes (3) per flow

ASSESSMENT: Response to treatment / Goal Status

(only) slight catch (a) supra tendon

PLAN:

Don't. TO work stability open chain of to tolerance.

Therapist Signature

Kenn H. Lusk 8-10

Date 12/17/09

#Rx since last re-eval _____

Rx remaining _____

SUBJECTIVE Bum feeling pretty good the last few weeks. was having a little b/c slept on it wrong

OBJECTIVE

Interf. _____ min MH _____ min CTX/PTX _____ #lbs int/static _____ fluids _____ min
 E-stim _____ min (2) manual 15 min (1) ther ex per flow sheet 45 min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min Ionto _____ mA/r
(1) Per flow
(2) PROM: all planes

ASSESSMENT: Response to treatment / Goal Status

0 no pain today.
Excellent. PROM..

PLAN:

Cont to P.O.C.

Therapist Signature

Jankovich

Progress Notes

PATIENT Jimma Fortuna DOCTOR Jaskiewicz
 DIAGNOSIS (R) under development NEXT MD APPT _____
 Date 12-4-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE "It's feeling better"

OBJECTIVE

Interf. _____ min MH _____ min CTX/PTX _____ #lbs int/static _____ fluids _____ min
 E-stim _____ min (2) manual 15 min (3) ther ex per flow sheet 45 min paraffin _____
 CP _____ min other _____ min (1) US cont/pulse 8 min ionto _____ mA/min
(1) (2) under (3) prom all planes (3) per flow

ASSESSMENT: Response to treatment / Goal Status

Con 4 slight catch (a)
supra tendon

PLAN:

Con 4 to work stability over pain (a)
to tolerance

Therapist Signature

Keri W. S. M.D.

Date

#Rx since last re-eval

Rx remaining

SUBJECTIVE

OBJECTIVE

Interf. _____ min MH _____ min CTX/PTX _____ #lbs int/static _____ fluids _____ min
 E-stim _____ min manual _____ min ther ex per flow sheet _____ min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min ionto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status

PLAN:

Therapist Signature

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Progress Notes

PATIENT Thomas Contreras

DOCTOR 5

DIAGNOSIS R. shld. debridement

NEXT MD APPT. 11-30-09

Date 11/25/09

#Rx since last re-eval Re-eval

Rx remaining

SUBJECTIVE Q new As. Continues to c/o pain in shld jt

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs int/static _____	fluid _____ min
Estim _____ min	② manual <u>9</u> min	① ther ex per flow sheet _____ min	paraffin _____
CP _____ min	② other _____ min	US cont/pulse _____ min	ionto _____ mA/min

① Per flow sheet
② Re-eval
③ PROM: all planes

ASSESSMENT: Response to treatment / Goal Status See re-eval sheet

PLAN: Cont per MD orders

Therapist Signature Vicki Chy, PPT

Date 12/1/09

#Rx since last re-eval 1

Rx remaining

SUBJECTIVE pt. Hurt shoulder over weekend from kneeling in water heater, said he feels a little better today

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs int/static _____	fluid _____ min
② Estim <u>13</u> min	_____ manual _____ min	① ther ex per flow sheet <u>45</u> min	paraffin _____
② CP <u>12</u> min	_____ other _____ min	US cont/pulse _____ min	ionto _____ mA/min

① per flow sheet! Added ball w/ knot, 100 lbs, 100 IR/ea
② Motion to ② shoulder. Can sit in sitting

ASSESSMENT: Response to treatment / Goal Status pt continues to c/o pain in Ant shoulder, pt reports that it does not hurt specifically that it just hurts sometimes

PLAN: continue to progress strengthening exercises as tolerated by pt.

Therapist Signature

Vicki Chy, PPT

Progress Notes

PATIENT Thorman Contreras DOCTOR J
 DIAGNOSIS (R) Vuls. debridement NEXT MD APPT 11-30-09
 Date 11-17-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE Can't c/o pain in any vuls. mvt. (axe worked)
trying to move up apt.
 OBJECTIVE
 Intert. _____ min (1) MH 10 min CTX/PTX _____ #lbs Int/static _____ fluids _____ min
 E-stim _____ min (2) manual 15 min (2) ther ex per flow sheet 15 min paraffin _____
 (4) CP 15 min other _____ min US cont/pulse _____ min (4) tonto 15 mA
(1) R vuls. (2) per flow (3) PROM all planes (4) ergo in water

ASSESSMENT: Response to treatment / Goal Status Can't c/o pain. Though not
affecting participation in ex. program.

PLAN: I could charged activities to facilitate co-contraction
around fl.

Therapist Signature Kim Hunt PT

Date 11/20/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE Pt. still c/o pain in Ant. Shoulder

OBJECTIVE

(2) Intert. _____ min MH _____ min CTX/PTX _____ #lbs Int/static _____ fluids _____ min
 (2) E-stim 15 min manual _____ min (1) ther ex per flow sheet 45 min paraffin _____
 (2) CP 15 min other _____ min US cont/pulse _____ min tonto _____ mA
per flow
(2) E-stim to @ shoulder. (3) CP

ASSESSMENT: Response to treatment / Goal Status Pt. reports bell push-ups & UBE
causing pain/tightness in biceps. Tried to do push-ups in
Sall on table, but pt couldn't perform b/c of weakness, did not ↑ pain
 PLAN: Continue to progress strengthening as tolerated by pt.

Therapist Signature [Signature] DPT / Kim Chy. DPT

Progress Notes

PATIENT Thomas Contreras DOCTOR J
 DIAGNOSIS Wound debridement NEXT MD APPT 11-30-09
 Date 11-17-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE Can't clo pain i are vldly mrt. Case worked
trying to move up apt.
 OBJECTIVE
 Interf. _____ min ① MH 10 min CTX/PTX _____ #lbs int/static _____ fluids _____ min
 E-stim _____ min ② manual 10 min ② ther ex per flow sheet 10-30 paraffin _____
 ④ CP 15 min other _____ min US cont/pulse _____ min ④ ionto 15 mA/min
① R wldn ② per flow ③ perm all places ④ cryo i rnt

ASSESSMENT: Response to treatment / Goal Status Can't clo pain Though not
affecting participation in ex. program
 PLAN: I closed charred activities to facilitate co-contraction
around pt.

Therapist Signature Kim Hunt PT

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE _____

OBJECTIVE
 Interf. _____ min MH _____ min CTX/PTX _____ #lbs int/static _____ fluids _____ min
 E-stim _____ min manual _____ min ther ex per flow sheet _____ min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min ionto _____ mA

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature 182

Progress Notes

PATIENT Norman Prochaska DOCTOR Janekurich
 DIAGNOSIS R wilds debridement NEXT MD APPT _____
 Date 11-10-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE Still hurting though a different pain

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____	#lbs Int/static _____	ultra _____ min
E-stim _____ min	manual _____ min	ther ex per flow sheet <u>40</u> min	paraffin _____	
CP _____ min	other _____ min	US cont/pulse _____ min	lonto _____ min	

① per flow ② E HC to ③ wilds ④ PROM all places
 ⑤ comp in sitting

ASSESSMENT: Response to treatment / Goal Status Good if mobility, catching @
PR.

PLAN: Ther ex to facilitate co-contraction

Therapist Signature [Signature]

Date 11/13/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE pt. still c/o pain in Ant. shoulder

OBJECTIVE

Interf. _____ min	② MH <u>10</u> min	CTX/PTX _____	#lbs Int/static _____	ultra _____ min
E-stim _____ min	manual _____ min	① ther ex per flow sheet <u>35</u> min	paraffin _____	
④ CP <u>10</u> min	other _____ min	③ US cont/pulse <u>5</u> min	lonto _____ min	

① per flow sheet Added finger holder
 ② PROM Abd to R c direction
 ③ U.S E HC to BF @ 1.3 W/cm² on B shoulder
 ④ CP to ③ shoulder

ASSESSMENT: Response to treatment / Goal Status pt. still has deficits in Abduct
= PROM.

PLAN: Continue to progress strengthening so tolerated by pt

Therapist Signature [Signature] 183 SPT / [Signature]

Progress Notes

PATIENT Thomas Cortis DOCTOR Gaskuthic
 DIAGNOSIS R mild debridement - NEXT MD APPT
 Date 11-10-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE Still hurting. Though a different pain...

OBJECTIVE

Intef. _____ min MH _____ min CTX/PTX _____ #lbs int/static _____ fluids _____ min
 Estim _____ min manual _____ min Ther ex per flow sheet 40 min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min Jontlo _____ mA/min
① on flow ② E HC to @ valid @ PROM all planes
③ Conf in sitting

ASSESSMENT: Response to treatment / Goal Status

Good fl. mobility, catching @
FDL.

PLAN:

Ther ex to facilitate co-contraction.

Therapist Signature

Date

#Rx since last re-eval

Rx remaining

SUBJECTIVE

OBJECTIVE

Intef. _____ min MH _____ min CTX/PTX _____ #lbs int/static _____ fluids _____ min
 Estim _____ min manual _____ min Ther ex per flow sheet _____ min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min Jontlo _____ mA/min

ASSESSMENT: Response to treatment / Goal Status

PLAN:

Progress Notes

PATIENT Thomas Carreras DOCTOR Jaskiewicz
 DIAGNOSIS R. shld. debridement - NEXT MD APPT _____
 Date 11/3/09 #Rxs since last re-eval _____ Rx remaining _____
 SUBJECTIVE States that his shoulder hurts a little more than normal

OBJECTIVE

Interf. _____ min MH _____ min CTX/PTX _____ #lbs Int/Static _____ #lbs _____ min
 2. Estim _____ min manual _____ min ① Ther ex per flow sheet 20 min paraffin _____
 3. CP/UPC _____ min other _____ min US contr/pulse _____ min tone _____ mA/min
 ① Per flow sheet added Roller on wall (H.I.), Roller on door (Lad), Alliegs: Rows & Bn
Lat Pull down, Triceps ② UPC 2 @ 5 min

ASSESSMENT: Response to treatment / Goal Status One to focusing on larger muscle groups throughout Rx. pt. reported less tenderness in R shoulder. Did NOT resume T-band exercises 2" to pt. request.
 PLAN: cont. to progress strengthening exercises as tolerated by pt.

Therapist Signature

[Signature] SPT Vicki Chy, DPT

Date 11/3/09 #Rxs since last re-eval _____ Rx remaining _____

SUBJECTIVE Cont to Report Rd pain & most movements. He called his case manager to get try to get an earlier appt. & MD.

OBJECTIVE

③ Interf. 15 min MH _____ min CTX/PTX _____ #lbs Int/Static _____ #lbs _____ min
 Estim _____ min ② manual 5 min ① Ther ex per flow sheet 25 min paraffin _____
 ② CP 15 min other _____ min US contr/pulse _____ min tone _____ mA/min
 ① Per flow sheet ② PROM: all planes to active motion
 ③ IFC & CP to R shld, seated

ASSESSMENT: Response to treatment / Goal Status Reported 2" Δ in pain +/o exercises. Cont to report pain and tenderness @ ant shld

PLAN: Cont to exercise as pt tolerate

Therapist Signature

Vicki Chy, DPT

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Progress Notes

PATIENT Thomas Contreras DOCTOR Taskerwith
 DIAGNOSIS P's hnd. debridement -NEXT MD APPT _____
 Date 11/3/09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE States that his shoulder hurts a little
more than normal

OBJECTIVE

Intst. _____ min MH _____ min GTX/PTX _____ #lbs Int/stall _____ #lbs _____ min
 A. Estlm _____ min manual _____ min (1) ther ex per flow sheet _____ min paraffin _____ min
 2. op VPC _____ min other _____ min US cont/pulse _____ min lanto _____ min
 (1) Per flow sheet: added Ball on Wt (11), Ball on ch (led), All ex: Row 5 & 6
 lat Pull down, Triceps (2) VPC 2 Estlm

ASSESSMENT: Response to treatment / Goal Status One to focusing on larger muscle groups
throughout Rx. pt reported less tenderness in R shoulder
did NOT resume T-band exercises 2" to pt. request
 PLAN: cont. to progress strengthening exercises as tolerated by pt

Therapist Signature _____

SPT White Chy, DPT

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE

OBJECTIVE

Intst. _____ min MH _____ min GTX/PTX _____ #lbs Int/stall _____ #lbs _____ min
 Estlm _____ min manual _____ min ther ex per flow sheet _____ min paraffin _____ min
 CP _____ min other _____ min US cont/pulse _____ min lanto _____ min

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature _____

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Progress Notes

PATIENT Thomas Contreras DOCTOR Jaskubich
 DIAGNOSIS (B) Shoulder debridement NEXT MD APPT _____
 Date 10/28/09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE Feet good yesterday - hurts today

OBJECTIVE

Interf. _____ min (1) MH 10 min CTX/PTX _____ #lbs Int/static _____ fluids _____ min
 E-stim _____ min _____ manual _____ min (2) Ther ex per flow sheet _____ min paraffin _____
 CP _____ min _____ other _____ min US cont/pulse _____ min Ionto _____ mA/hr
(1) MHP 10' (2) shoulder (2) Ther ex per flow sheet

ASSESSMENT: Response to treatment / Goal Status TX session ended early 2° to MD's appt.
Soreness to all the rx but able to complete all the rx

PLAN: To see MD for appt. Cont to progress straighten to tolerance
and work related activities

Therapist Signature Brooks Hargood, PT, MSR

Date 10/30/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE "My shoulder hurt for 3 days"

OBJECTIVE

Interf. _____ min (1) MH 12 min CTX/PTX _____ #lbs Int/static _____ fluids _____ min
 E-stim _____ min _____ manual _____ min (3) Ther ex per flow sheet _____ min paraffin _____
 CP _____ min _____ other _____ min (2) US cont/pulse x 8 min Ionto _____ mA/hr
(1) MHP to (2) shoulder x 12 min (2) US cont/pulse x 8 min (3) Ther ex per flow sheet (4) Comp x 10' to (5) sh.

ASSESSMENT: Response to treatment / Goal Status pt clo pain during US tx @ ant/lat
GHT. Possible nerve irritation? Focus on Scap stabilizt activities this
visit. To limit Scap stab. activities 3 pairs today

PLAN: Cont per POC

Therapist Signature Brooks Hargood, PT, MSR

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Progress Notes

Patient: Imman Contreras DOCTOR: J
 IGNOSES: (R) Voids dibondment NEXT MD APPT: J
 D: 10-21-09 #Rx since last re-eval: Rx remaining:
 SUBJECTIVE: Yell - but had a flu shot 1 hr ago in
that arm

OBJECTIVE:
 Intert. min (1) MH 10 min CTX/PTX #lbs Int/Static fluids min
 Estim min manual min Ther ex per flow sheet min paraffin
 CP min other min (2) US cont/pulse 8 min ionto mA/ml
(1) (2) which (2) @ 1.5 w/cm² HC (3) per flow (4) PROM all
slaves, inf/pont mobil (5) cryp in sitting

ASSESSMENT: Response to treatment / Goal Status Good PROM - Challenged
upper. S-H shift km in gravity
↑ strength in legs

Therapist Signature: [Signature]

D: 10/23/09 #Rx since last re-eval: Rx remaining:

SUBJECTIVE: States he's going to see MD on Wed, next wk

OBJECTIVE:
 Intert. min (1) MH 10 min CTX/PTX #lbs Int/Static fluids min
 Estim min manual min (2) Ther ex per flow sheet 40 min paraffin
 CP min other min US cont/pulse min ionto mA/ml
MAP x 10' (1) Sh. (2) The upper flow sheet (3) Re-eval
US see Re-eval Sheet (4) Cryp Dero

ASSESSMENT: Response to treatment / Goal Status PT. Challenged. c. repetition on
dry 2 3rd day E. 10/22 Challenged c. (1) PR
ant to progress on low endurance activities and
light activities

Therapist Signature: Brooks Haggood PT, S, C

Progress Notes

PATIENT Thomas Contreras DOCTOR J
 DIAGNOSIS ⑩ s/s d/s d/s d/s d/s NEXT MD APPT. J
 Date 10-21-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE Yore - but had a flu shot 1 hr ago in that arm

OBJECTIVE
 Interf. _____ min ① MH 10 min CTX/PTX _____ #lbs int/static _____ milo _____ min
 Estm _____ min manual _____ min ther ex per flow sheet _____ min paraffin _____
 CP _____ min other _____ min ② US cont/pulse 8 min lonlo _____ mA/n
① ⑩ s/s d/s ② @ 1.5 w/cm² HC (per flow) ③ PROM all planes, 1/2 of front mobs ④ crop in sitting

ASSESSMENT: Response to treatment / Goal Status Good PROM - challenged 2 p/ps. S.H. with 1st gravity

PLAN: ↑ strengthen legs

Therapist Signature [Signature]

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE

OBJECTIVE
 Interf. _____ min MH _____ min CTX/PTX _____ #lbs int/static _____ milo _____ min
 Estm _____ min manual _____ min ther ex per flow sheet _____ min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min lonlo _____ mA/n

ASSESSMENT: Response to treatment / Goal Status

PLAN: 187

PATIENT: Thomas Cortinas DOCTOR: Saskatchewan

DIAGNOSIS: (R) shoulder debridement NEXT MD APPT: OCT 28TH

Date: 10/13/09 Total Timed Code Min. EVAL Total Treatment Time Min. _____

SUBJECTIVE: Patient having sx on 10/1/09

OBJECTIVE

Interf. _____ min MH _____ min CTX/PTX _____ #lbs Int/Static _____ fluids _____
 Estim _____ min ✓ manual 12 min ther ex per flow sheet _____ min paraffin _____
 ✓ CP 10 min other _____ min US cont/pulse _____ min lanta _____

① Eval performed ② Goals (4-6 wks) ③ I to HEP ④ T ARM to full 5 T to pain
 ⑤ T strength ⑥ Shoulder all planes to SIS ⑦ Return to work 5 mental

ASSESSMENT: Response to treatment / Goal Status It presents c/s/s consistent w/ diagnosis
include T to pain and d's ARM therefore will benefit from PT to address these
deficits and max. function

PLAN: 2x/week for 4-6 weeks to include ther ap, MT techniques, PHL
HEP instruction

Therapist Signature: Brock Hayward, PTMSR

Date 10/16/09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE: "Injury" r

OBJECTIVE

Interf. _____ min ① MH 10 min CTX/PTX _____ #lbs Int/Static _____ fluids _____
 Estim _____ min manual _____ min ② ther ex per flow sheet 25 min paraffin _____
 ③ CP 10 min other _____ min ③ US cont/pulse 8 min lanta _____

① MHP x 10' to ② Sh ③ AD / Ther ex per flow sheet
 ③ US cont. 4 Hz @ 1.5w/cm x 8' sb ④ Crp x 10'

ASSESSMENT: Response to treatment / Goal Status ARM T'd since last visit. T to pain
① ER so D/t'd for today. All other than so to tolerate pain

PLAN: Cont per PHL

Therapist Signature: Brock Hayward, PTMSR no

PROGRESS NOTES

COMPTON 011309

PATIENT Thomas ContrerasDOCTOR Sarkis KhachDIAGNOSIS (R) shoulder debridement

NEXT MD APPT. _____

Date 10/13/09Total Timed Code Min. EVAL

Total Treatment Time Min. _____

SUBJECTIVE

Reports having sx on 10/1/09

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs Int/Static _____	fluido _____ min
E-stim _____ min	✓ manual 12 min	ther ex per flow sheet _____ min	paraffin _____
✓ CP 10 min	other _____ min	US cont/pulse _____ min	lonto _____ mA/min

(1) Eval performed (2) Goals (4-6 wks) (3) I & HEP (4) ↑ from 10 to full JTD pain
 (5) ↑ strength (6) shoulder use planned to 5/5 (7) Return to work 5 limit

ASSESSMENT: Response to treatment / Goal Status

At present E/S/S consistent with diagnosis
include 1 pain and 1/2 ROM elevation with benefit from PT to achieve these
deficits and max functions

PLAN:

2x/week for 4-6 wks to include ther ex, MT techniques, HEP,
HEP instruction

Therapist Signature: Brooks Haywood, PT, NCS

Date _____

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs Int/Static _____	fluido _____ min
E-stim _____ min	manual _____ min	ther ex per flow sheet _____ min	paraffin _____
CP _____ min	other _____ min	US cont/pulse _____ min	lonto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status

PLAN:

Therapist Signature: _____

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PROGRESS NOTES

Corvel Capture 8/7/2009 101
COMPPH 031209

PATIENT Thomas Contreras

DOCTOR Tarkulich

DIAGNOSIS R SLAP Repair

NEXT MD APPT

Date 5-29-09

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE 8 Δ.

OBJECTIVE

Interf. min MH min CTX/PTX #lbs In/Static min
E-stim min ③ manual 10 min ① ther ex per flow sheet 45 min
④ CP 10 min ② Re-eval min US cont/pulse min
① Per flow sheet ② Re-eval
③ PROM: all planes, TPR to deltoid insertion (medial lat)
④ CP n @ shla

ASSESSMENT: Response to treatment / Goal Status

Good PROM, except slight

liminal c IR. See eval

PLAN:

Cont w/ MD's orders. Flu note sent to MD on 6/1/09

Therapist Signature: Trish Cheng, DPT

Date

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE

OBJECTIVE

Interf. min MH min CTX/PTX #lbs In/Static min
E-stim min manual min ther ex per flow sheet min
CP min other min US cont/pulse min
tono mA/m

ASSESSMENT: Response to treatment / Goal Status

PLAN:

FLZ

Therapist Signature:

SPORTS PLUSPhysician Follow-Up / Re-Evaluation / DischargeDate: 5-22-09Physician: TasketPatient Name: Thomas ContreraInitial Eval. Date: 2/11/09Diagnosis: (R) SLAP RepairNumber of Visits: 32

Patient's treatment has consisted of:

Therex, MTH, CP, US, Manual therapyObjective Measurements/Progress: AROM: $\checkmark$ 137° ABD 140° ER 60°IR: PSIS MMT: $\checkmark$ ABD IR ER ~ 4+/5 Pain ~ 1/10Assessment/Progress: Patient making good progress; met all STG's, LTG #2 met; NOT met LTG #1, 3 Re: Full pain-free motion, RTW.

Plan/Goals/Reason for DC:

Will Continue per your orders.Thank you!

Thank you very much for this referral. Please feel free to contact our clinic if you have any questions or concerns regarding this patient's treatment.

New MD orders or written comments: Frequency & Duration: _____

* see attached note - VCPT signature: Vicki Chay, DPTMD signature: [Signature]

PROGRESS NO

PATIENT THOMAS CONTRERAS

DOCTOR

DIAGNOSIS SLAP Repair

NEXT MD APPT

Date 5/27/09

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE

pt. in pain e/o

OBJECTIVE

Interf. min (1) MH 10 min CTX/PTX #lbs Int/Static fluids
E-stim min manual min (2) ther ex per flow sheet min paraffin
CP min other min US cont/pulse min ions
(1) assessed (2) Status (3) pain level

ASSESSMENT: Response to treatment / Goal Status

pt. in pain e/o during
be pt. Recovered and transformed
criteria

PLAN:

Get to P.O.L

Therapist Signature:

Date 5/27/09

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE

Pain ~ 1/10. Able to start the undulate. e/o pain

OBJECTIVE

Interf. min (1) MH 10 min CTX/PTX #lbs Int/Static fluids
E-stim min (3) manual 12 min (2) ther ex per flow sheet 45 min paraffin
CP min other min US cont/pulse min ions
(1) MH to (2) SHld (3) Per flow: Added biceps, triceps,
+ box. Lifts (2) prom: all planes.

ASSESSMENT: Response to treatment / Goal Status

From looking better, continues to
have some stiffness. Reports no pain e/o UBE + spine V.

PLAN:

Re-eval @ NV for MD flu if ICR on 6/1/09.

pt

N. Li Chen DT

PROGRESS NO. 1

COMPEN 031308

PATIENT Thomas Contreras

DOCTOR _____

DIAGNOSIS SLAP Repair

NEXT MD APPT _____

Date 5/22/09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE pt is in pain c/o

OBJECTIVE

Interf. _____ min 1 MH _____ min _____ CTX/PTX _____ #lbs Int/Static _____ fluids _____ m
 Estim _____ min _____ manual _____ min 2 ther ex per flow sheet _____ min _____ paraffin _____
 CP _____ min _____ other _____ min _____ US cont/pulse _____ min _____ lonto _____ m

2 sessions 2 Short 2 per Comp

ASSESSMENT: Response to treatment / Goal Status

pt is in pain c/o during
pt. Discomfort and tenderness
creaking

PLAN:

cut 2 P.O.C

Therapist Signature: _____

Date _____

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE _____

OBJECTIVE

Interf. _____ min _____ MH _____ min _____ CTX/PTX _____ #lbs Int/Static _____ fluids _____ min
 Estim _____ min _____ manual _____ min _____ ther ex per flow sheet _____ min _____ paraffin _____
 CP _____ min _____ other _____ min _____ US cont/pulse _____ min _____ lonto _____ mA

ASSESSMENT: Response to treatment / Goal Status

PLAN:

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PROGRESS NOTES

PATIENT Thomas Gomez ContrerasDOCTOR [REDACTED]DIAGNOSIS: @ SLAP repairNEXT MD APPT Date: 5-15-09Total Timed Code Min. Total Treatment Time Min. SUBJECTIVE Somewhat painful today

OBJECTIVE

Interf. min ① MH 10 min GTX/PTX #lbs Int/static min
 Estim min ③ manual 10 min ② Ther ex per flow sheet 39 min paraffin
 ④ CP 10 min other min US cont/pulse min onto min
 ① MH + ② other ② Per flow sheet: Add TPR
 ③ PROM all planes, quadrant not; TPR @ biceps
 ④ CP + ② other

ASSESSMENT: Response to treatment / Goal Status

Tenderness / tender point / knot @ biceps; vld size of knot but still tender. Good tolerance of exercise

PLAN: Cont E POC.Therapist Signature: Kiki Choy, DPTDate 5-19-09Total Timed Code Min. Total Treatment Time Min. SUBJECTIVE Picked up an air cylinder ~ 10 lbs + it hurt. Pain today. 4/10

OBJECTIVE

Interf. min ① MH 10 min GTX/PTX #lbs Int/static min
 Estim min ③ manual 10 min ② Ther ex per flow sheet 40 min paraffin
 ④ CP 10 min other min US cont/pulse min onto min
 ① MH + ② other ② Per flow sheet: Added ball walks
 ③ PROM: all planes, TPR deltoid ④ CP + ② other

ASSESSMENT: Response to treatment / Goal Status

↓ tenderness / pain. CP TPR @ deltoid insertion. Pain up T band exercis.

PLAN: Cont E POCTherapist Signature: Kiki Choy, DPT

PROGRESS NOTES

PATIENT Thomas Antonio Contreras

DOCTOR [REDACTED]

DIAGNOSIS @ sharp repair

NEXT MD APPT

Date 5-15-09

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE Somewhat painful today

OBJECTIVE

Interf. <u> </u> min	① MH <u>10</u> min	CTX/PTX <u> </u> #lbs Int/Static <u> </u>	fluids <u> </u> m
Estim <u> </u> min	② manual <u>10</u> min	② ther ex per flow sheet <u>39</u> min	paraffin <u> </u>
④ CP <u>10</u> min	other <u> </u> min	US cont/pulse <u> </u> min	lonto <u> </u> m

① MH + ② shld ② Per yflow sheet: Md repv

③ PROM all planes, quadrant mtr, 1 TPR @ biopsy

④ CP to ② shld

ASSESSMENT: Response to treatment / Goal Status

Tenderness / tender point / knot @
biopsy; vld size of knot but still tender. Good tolerance of exercise

PLAN: Cont to PAC.

Therapist Signature: Vicki Chery, DPT

Date

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE

OBJECTIVE

Interf. <u> </u> min	MH <u> </u> min	CTX/PTX <u> </u> #lbs Int/Static <u> </u>	fluids <u> </u>
Estim <u> </u> min	manual <u> </u> min	ther ex per flow sheet <u> </u> min	paraffin <u> </u>
CP <u> </u> min	other <u> </u> min	US cont/pulse <u> </u> min	lonto <u> </u>

ASSESSMENT: Response to treatment / Goal Status

PLAN:

PLT

PROGRESS NOTES

Corvel Capture 6/4/2009 107

PATIENT Thomas Costera

DOCTOR

DIAGNOSIS @ SLAP Repair

NEXT MD APPT

Date 5-8-09

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE Had @ pain today.

OBJECTIVE

④ Interf. 15 min ① MH 10 min CTX/PTX #lbs Int/Static _____ fluids _____ min
 E-stim _____ min ② manual 12 min ② ther ex per flow sheet 39 min paraffin _____
 ④ CP 15 min other _____ min US cont/pulse _____ min Ionto _____ mA
 ① MH to @ sled ② Per flow sheet
 ③ PROM all planes; TPR to upper minor
 ④ JFC ECP Dried W.

ASSESSMENT: Response to treatment / Goal Status Had @ pain but started hurting
@ USE, @ delt / biceps pain @ lateral side of TPR

PLAN: Cont E P.O.C.

Therapist Signature: Vicki Chen, DPT

Date 5-13-09

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE Little pain today. n^o ^{VCen} Not as stiff this
morning

OBJECTIVE

Interf. _____ min ① MH 10 min CTX/PTX #lbs Int/Static _____ fluids _____ ml
 E-stim _____ min ④ manual 13 min ② ther ex per flow sheet 40 min paraffin _____
 ⑤ CP 10 min ③ other Re-cue min US cont/pulse _____ min Ionto _____ ml
 ① mit. to @ sled, sitting ③ Per flow sheet: Added upright now
 ③ Re-cue ④ PROM: all planes, supine; IR in sitting; TPR @
 biceps tendon / depts.; 12 rib mob on @ side

ASSESSMENT: Response to treatment / Goal Status see sheet. @'d biceps pain up
TPR.

PLAN: Cont E P.O.C.

PL8

Therapist Signature: Vicki Chen, DPT

PROGRESS NOTES

PATIENT Thomas Contreras
 DIAGNOSIS: @SUAP Repair

DOCTOR
 NEXT MD APPT

Date: 5-8-09

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE Had @ pain today.

OBJECTIVE

④ Intert. 15 min
 E-stim min
 ④ CP 15 min
 ① MH to @ old
 ② PROM all Planes
 ④ DEC ECP

① MH 10 min
 ③ manual 12 min
 other min
 ② Per flow sheet
 TPR to spec min

CTX/PTX #lbs Int/stallc
 ther ex per flow sheet 09 min
 US cont/pulse min
 fluid min
 paraffin min
 Ionto mA/min

ASSESSMENT: Response to treatment / Goal Status

@ UBE. @ Delt / biceps pain. Bilateral side of TPR.
Had @ pain but started hurting
Denial W.

PLAN: Cont. E.P.O.C

Therapist Signature: Vicki Chis, DPT

Date

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE

OBJECTIVE

Intert. min
 E-stim min
 CP min

MH min
 manual min
 other min

CTX/PTX #lbs Int/stallc
 ther ex per flow sheet min
 US cont/pulse min

fluid min
 paraffin min
 Ionto mA/min

ASSESSMENT: Response to treatment / Goal Status

Therapist Signature:

917

PROGRESS NOTES

PATIENT

Thomas Cortezas

DOCTOR

DIAGNOSIS

②. Slip Repair

NEXT MD APPT

Date 4-30-09

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE

Pain ~3/10 today. "Feels okay"

OBJECTIVE

⑤ Init. 15 min ① MH 10 min CTX/PTX #lbs Int/static 10 min
 E-stim min ④ manual 15 min ② ther ex per flow sheet 48 min
 ⑤ CP 15 min other min ③ US compulse 9 min
 ① MH + ② shld ② Per flow sheet
 ③ US E Hct to ② 1st. cchqin: ② 1.3 w/cm² ④ Prom: all plane
 ⑤ IFC E CP to ② shld

ASSESSMENT: Response to treatment / Goal Status

Demonstrated 1st tightness +
 muscle guarding + Prom: Limited IL + ER motion. Pain 6/10
 @ TBand exercise.

PLAN:

Cont @ P.O.C.

Therapist Signature:

Kiki Chen, DPT.

Date 5-6-09

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE

Same, & New changes. Noticed ch's able to open ch
 ch's cannot, better, only able to spread 15 min. or computer before

OBJECTIVE

④ Init. 15 min ① MH 10 min CTX/PTX #lbs Int/static 10 min
 E-stim min ③ manual 10 min ② ther ex per flow sheet 45 min
 ④ CP 15 min other min US compulse min
 ① MH to ② shld ② Per flow sheet
 ③ Prom: all plane ④ IFC E CP to ② shld

ASSESSMENT: Response to treatment / Goal Status

Better Prom today. No ch
 of 1st pain @ Thand

PLAN:

Cont @ P.O.C.

Therapist Signature:

Kiki Chen DPT.

PROGRESS NOTES

PATIENT Thomas CorvelasDOCTOR Seale, RichDIAGNOSIS @ Slip Repair

NEXT MD APPT _____

Date 4-30-09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE Pain ~3/10 today. "Feels okay"

OBJECTIVE

(5) Intert. 15 min (1) MH 10 min CTX/PTX #lbs Int/static _____ fluids _____ min
 E-stim _____ min (4) manual 15 min (2) ther ex per flow sheet 48 min paraffin _____
 (5) CP 15 min other _____ min (3) US cont/pulse 7 min lonto _____ mA/min
 (1) MH + @ shld (2) Per flow sheet
 (3) US & Net to @ lck. acetamin @ 1.3 w/cm² (4) Prom: all planes
 (5) IFC & CP to @ shld.

ASSESSMENT: Response to treatment / Goal Status

Demonstrated 1/2 rightness +
muscle guarding & Prom. Limited IR + ER motion. Pain 1/10
@ TBand exercise.

PLAN: Cont. @ P.O.C.Therapist Signature: Katie Clay, DPT.

Date _____

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE _____

OBJECTIVE

Intert. _____ min MH _____ min CTX/PTX #lbs Int/static _____ fluids _____ min
 E-stim _____ min manual _____ min ther ex per flow sheet _____ min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min lonto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature: _____

0700/000000

Sports Plus PT

05/04/2009 14:59 FAX 8455536404

PATIENT Thomas ContrerasDOCTOR J. G. [Signature]DIAGNOSIS @ SLAP RepairNEXT MD APPT Date 4-23-09Total Timed Code Min. Total Treatment Time Min. SUBJECTIVE Feels the same

OBJECTIVE

⑤ Intert. 15 min ① MH 10 min CTX/PTX 15 min Intert. 15 min
 E-Ext. min ④ manual 10 min ② ther ex per flow sheet 45 min paraffin
 ⑤ CP 15 min other min ③ US compulse 9 min 10 min
 ① MH to ② shld ② Per flow sheet ③ US to HC to
 ② shld - lot acromion ④ PROM: all planes; caudal glide
 ⑤ IFC to CP to ② shld

ASSESSMENT: Response to treatment / Goal Status

Did well to exercise except had difficulty to full ROM of the prone V exercise. Better PROM to pain + tightness @ EOR

PLAN:

Cont to stretching + exerciseTherapist Signature: Vicki Chang, DPTDate 4-28-09Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE

Hurt a little less than normal. Got some pain to trying to pull the cord to start a weed eater / lawn mower.

OBJECTIVE

Intert. min ① MH 10 min CTX/PTX 15 min Intert. 15 min
 E-Ext. min ④ manual 15 min ② ther ex per flow sheet 50 min paraffin
 CP min other min ③ US compulse 9 min 10 min
 ① MH to ② shld ② Per flow sheet
 ③ US to HC to ② shld ④ PROM all planes

ASSESSMENT: Response to treatment / Goal Status

Pain @ EOR to PROM. Tight + stiff to day. Difficulty to full Range to Prone ABD.

PLAN:

Cont to strengthening.

PATIENT

Thomas Contreras

DOCTOR

Spas...

DIAGNOSIS

@ SLAP Repair

NEXT MD APPT

Date 4-25-09

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE

Feels the same

OBJECTIVE

⑤ Intert. 15 min① MH 10 min

GTX/PTX #lbs Int/Static

fluids min

Exam min

④ manual 10 min② ther ex per flow sheet 45 min

paraffin

⑤ CP 15 min

other min

③ US continuous 9 min

lotion mL

① MH to ② shld② per flow sheet③ US to HC to② shld - lat acromion④ prom: all planes; caudal glide⑤ IFC to CP to ② shld

ASSESSMENT: Response to treatment / Goal Status

Did well to exercises except haddifficulty to full ROM of the prone / exercise. Better from aprone + tightness @ EOR

PLAN:

Cont to stretching + exercises

Therapist Signature:

Vester Cheryl DPT

Date

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE

OBJECTIVE

Intert. min

MH min

GTX/PTX #lbs Int/Static

fluids min

Exam min

manual min

ther ex per flow sheet min

paraffin

CP min

other min

US continuous min

lotion mL

ASSESSMENT: Response to treatment / Goal Status

PLAN:

23

PATIENT 1/10/09DIAGNOSIS (1) SIAP RepairDOCTOR [REDACTED]Date 4/17/09NEXT MD APPT 4/20/09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE LOP 7/10

OBJECTIVE

(3) Intert. 15 min (1) MH 10 min CTX/PTX #lbs Int/Static _____ fluids _____ min
 E-stim _____ min (4) manual 15 min ther ex per flow sheet _____ min paraffin _____
 (5) CP 15 min (2) other 15 min (3) US cont/pulse 8 min lonto _____ mA/min
 (1) (2) holds (2) Re-map: see sheet (3) Lat acromion
 (4) PROM all planes (5) cup & ILC

ASSESSMENT: Response to treatment / Goal Status

possibility of frozen shoulder & Goals not met concerning
 excessive & in LOP.

PLAN:

Note to MD - focus on aggressive ROM

Therapist Signature: [Signature]

Date _____

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE _____

OBJECTIVE

Intert. _____ min MH _____ min CTX/PTX #lbs Int/Static _____ fluids _____ min
 E-stim _____ min manual _____ min ther ex per flow sheet _____ min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min lonto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature: [Signature]

PROGRESS NOTES

PATIENT Thomas ContreasDOCTOR JaskwicheDIAGNOSIS (9) SLAP RepairNEXT MD APPT 4/26/09Date 4/10/09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE Pt reports shld painful & ↑

OBJECTIVE

④ Intert. 15 min

① MH 10 min

CTX/PTX #lbs Int/Static _____

fluid _____ min

E-stim _____ min

③ manual 10 min

② ther ex per flow sheet 30 min

paraffin _____

④ CP 15 min

other _____ min

US cont/pulse _____ min

lonto _____ mA/min

① MH x 10 min to ③ shld. ② Ther ex per
 flow sheet ③ PROM 4 way & gentle mobs. ④ Cold
 PR = TFC.

ASSESSMENT: Response to treatment / Goal Status

range is p. ✓ Pt & mod. pain @ end
 + ER.

PLAN: Cont. above ex.Therapist Signature: Beth Jone, PTADate 4/13/09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE pt Ant shld pn + num spasms?

OBJECTIVE

Intert. _____ min

① MH 10 min

CTX/PTX #lbs Int/Static _____

fluid _____ min

E-stim _____ min

③ manual _____ min

② ther ex per flow sheet 40 min

paraffin _____

CP _____ min

other _____ min

US cont/pulse _____ min

lonto _____ mA/min

① ② shld ② ↑ ex. today. Added prone scap stab #1
 H/O to HEP - look to add HABD / ER for home

ASSESSMENT: Response to treatment / Goal Status

not seated scap stab. Reports difficulty & prone ex

PLAN: Add HABD & ER to rth NV.205Kathleen Staden

PROGRESS NOTES

PATIENT

Thomas Cantaras

DOCTOR

Jaskulnick

DIAGNOSIS

SLAP Repair

NEXT MD APPT

4/20/09Date 4/10/09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE

Pt reports shld painful & ↑ ✓

OBJECTIVE

④ Intert. 15 min ① MH 10 min CTX/PTX #lbs Int/Static _____ fluids _____ min
 Estm _____ min ③ manual 10 min ② ther ex per flow sheet 30 min _____ paraffin _____ min
 ④ CP 15 min other _____ min US cont/pulse _____ min lonto _____ mA/min

① JNH x 10 min to ③ shld. ② Ther ex per
 grd. ③ PROM 4 way & gentle mobs. ④ cold
 JPR & JFC

ASSESSMENT: Response to treatment / Goal Status

Pt to mod. pain & end range is p. ✓ + ER.

PLAN:

Cont. above rxTherapist Signature: Beth J. PTA

Date _____

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE _____

OBJECTIVE

Intert. _____ min MH _____ min CTX/PTX #lbs Int/Static _____ fluids _____ min
 Estm _____ min manual _____ min ther ex per flow sheet _____ min paraffin _____ min
 CP _____ min other _____ min US cont/pulse _____ min lonto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

500

COMPTON 022702

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Jaskewich
 DIAGNOSIS (C) SIAP Repair NEXT MD APPT 4/30/09

Date 4/3/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Still has "lots of cramping."

OBJECTIVE:

(4) Interf. _____ min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min fludo _____ min
 Estim _____ min (3) Manual 15 min (2) Ther ex per flow sheet 30 min paraffin _____ min
 (4) CP _____ min other _____ min US cont/ pulse _____ min w/cm2 _____ lonto _____ mA/min _____ mA
 (1) (2) shld. (2) Per flow. (3) PROM all planes.
 (4) (2) shld.

ASSESSMENT: Response to treatment/ goal status I'd PROM over last few visits. Still struggles w/ AROM.

PLAN: Cont. to PROM @ every visit.

Therapist Signature: Mike M. PT

Date 4/7/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: "Feeling better" Cont's to have pressure along hip ext post. shld. mild pain ant. shld. 5/10 pain.

OBJECTIVE:
 (4) Interf. 15 min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min fludo _____ min
 Estim _____ min (2) Manual 10 min (2) Ther ex per flow sheet 30 min paraffin _____ min

(4) CP 15 min other _____ min US cont/ pulse _____ min w/cm2 _____ lonto _____ mA/min _____ mA
 (1) (2) shld. seated. (2) per flowchart (3) PROM all planes

(4) TFC = 2 ago (2) shld seated
 ASSESSMENT: Response to treatment/ goal status Good PROM but cont's to be mod. painful @ end-ranges. Difficult to receive feedback from pt.

PLAN: Cont to progress AROM.

Therapist Signature: [Signature]

COMPEN 022702

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Jaskovich
 DIAGNOSIS (R) SLAP Repair NEXT MD APPT _____

Date 4/3/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Still has "lots of cramping."

OBJECTIVE:
 (1) Intef. _____ min (1) MH _____ min CTX/PTX _____ #lbs int/ static _____ min fluid _____ min
 Estim _____ min (3) Manual _____ min (2) Ther ex per flow sheet _____ min paraffin _____ min
 (4) CP _____ min other _____ min US cont/ pulse _____ min w/cm2 _____ lonto _____ mA/min _____ mA
 (1) (2) shld. (2) Per flow. (3) PROM all planes.
 (4) (2) shld.

ASSESSMENT: Response to treatment/ goal status ↑'d PROM over last few visits. Still struggles w AROM.

PLAN: Cont. o PROM @ every visit.

Therapist Signature: [Signature]

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
 Intef. _____ min MH _____ min CTX/PTX _____ #lbs int/ static _____ min fluid _____ min
 Estim _____ min Manual _____ min Ther ex per flow sheet _____ min paraffin _____ min
 CP _____ min other _____ min US cont/ pulse _____ min w/cm2 _____ lonto _____ mA/min _____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: [Signature]

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR T. Skubicki
 DIAGNOSIS (R) Slep. Repak NEXT MD APPT

Date 3/27/09 #Rx since last re-eval Rx remaining
 SUBJECTIVE: Pn level 6/10 today

OBJECTIVE:
 (4) Intert. 15 min (1) MH 10 min CTX/PTX #lbs int/ static min fluids min
 Estim min Manual min (2) Ther ex per flow sheet 10 min paraffin min
 (4) CP 15 min other min (3) US cont/pulse 15 min w/cm2 ionto mA/min mA
 (1) MH (2) USE $\rightarrow$ Pt declined further US 2° shld
 (3) US as above (4) cold pk a IFC

ASSESSMENT: Response to treatment/ goal status Pt a slight ↓ pain p modifus.
#Pain 0 @ ant shld

PLAN: Cont above Rx

Therapist Signature: Beth [Signature]

Date 3/31/09 #Rx since last re-eval Rx remaining

SUBJECTIVE: Ø Δ's.

OBJECTIVE:
 (3) Intert. min (1) MH 10 min CTX/PTX #lbs int/ static min fluids min
 Estim min Manual min (2) Ther ex per flow sheet 30 min paraffin min
 (3) CP min other min US cont/pulse min w/cm2 ionto mA/min mA
 (1) (2) shld. (2) Per flow. (3) IFC & cryo.

ASSESSMENT: Response to treatment/ goal status Difficult to get any obj.
info out of pt.

PLAN: Cont. per protocol.

Therapist Signature: [Signature] 209

PROGRESS NOTES

COMPTON/MI

PATIENT Thomas ContrerasDIAGNOSIS 10 Step PaperDOCTOR Jaskolski

NEXT MED APT

Date 3/27/09

#Rx since last re-eval

Rx remaining

SUBJECTIVE:

Pn level 6/10 to day

OBJECTIVE:

④ Interf. 15 min ① MH 10 min CTX/PTX #lbs int/ static min fludo min
 Estim min Manual min ② Ther ex per flow sheet 10 min paraffin min
 ④ CP 15 min other min ③ US cont/pulse 15 min w/cm2 fento mA/min mA
 ① MH ② USE → Pt declined further US 2° shld.
 ③ US as above ④ cold pk 2 LFC

ASSESSMENT: Response to treatment/ goal status

#Pain 0 @ ant shld. Slight ↓ pain p medialis.PLAN: Cont. above exTherapist Signature: Beth [Signature]

Date

#Rx since last re-eval

Rx remaining

SUBJECTIVE:

OBJECTIVE:

Interf min MH min CTX/PTX #lbs int/ static min fludo min
 Estim min Manual min Ther ex per flow sheet min paraffin min
 CP min other min US cont/pulse min w/cm2 fento mA/min mA

ASSESSMENT: Response to treatment/ goal status

PLAN:

Therapist Signature: [Signature]

COMPTON 022704

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Quatrich
 DIAGNOSIS @ SIAP Repair NEXT MD APPT 3-23-09

Date 3-22-09 #Rx since last re-aval _____ Rx remaining _____

SUBJECTIVE: Ø A.

OBJECTIVE:

② Intert 15 min ① MH 10 min CIX/PTX #lbs int static min fluids min
 Basin min ③ Manual 10 min ② Ther ex per flow sheet 35 min paraffin min
 ④ CP 15 min other min ④ US cont/pulse 8 min 1.2 w/cm2 10 sec mA/min mA
 ① MH to ② shld ② Per flow sheet ③ PROM: All planes
 E ER in small range ~ 30-40° ④ US as above to ② last
 admission ⑤ IFC 2 CP to ② biceps

ASSESSMENT: Response to treatment/ goal status Good PROM E V. ABD ~ 150-160° after
patient was able to relax.

PLAN: Cont. E POC

Therapist Signature: Nicki Chang, DPT

Date 3/23/09 #Rx since last re-aval _____ Rx remaining _____

SUBJECTIVE: Doesn't feel that he's improved much
lately.

OBJECTIVE:

② Intert 15 min ① MH 10 min CIX/PTX #lbs int static min fluids min
 Basin min ③ Manual 15 min ② Ther ex per flow sheet 30 min paraffin min
 ④ CP 15 min other min ④ US cont/pulse 8 min 1.2 w/cm2 10 sec mA/min mA
 ① R shld. ② Per flow. ③ PROM: all planes. ④ IFC
 E cryo.

ASSESSMENT: Response to treatment/ goal status Good PROM.

PLAN: Cont.

Therapist Signature: Nicki Chang, DPT

PROGRESS NOTES

PATIENT Thomas Contrera
 DIAGNOSIS @ SHF Repair

DOCTOR Gastnerich
 NEXT MD APPT 3.23.09

Date 3-29-09

#Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: OA

OBJECTIVE:
 (5) Intert 15 min (1) MH 10 min CTX/PTX _____ lbs inv/static _____ min fluids _____ min
 Estim _____ min (3) Manual 10 min (2) Ther ex per flow sheet 3 min paraffin _____ min
 (5) CP 15 min other _____ min (4) US cont/pulse 2 min 1.2 w/cm² _____ Jonts _____ mA/min _____ mA
 (1) MH to (R) shld (2) Per flow sheet (3) PROM: All planes
 E. ER in small range ~30-40° (4) US as above to (2) lat
 acromion (5) IFC & CP to (R) biceps

ASSESSMENT: Response to treatment/ goal status Good PROM = V, ABD ~150-160° after
 patient was able to relax.

PLAN: Cont. E POC

Therapist Signature: Kiki Cheng, DPT

Date _____

#Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
 Intert _____ min MH _____ min CTX/PTX _____ lbs inv/static _____ min fluids _____ min
 Estim _____ min Manual _____ min Ther ex per flow sheet _____ min paraffin _____ min
 CP _____ min other _____ min US cont/pulse _____ min w/cm² _____ Jonts _____ mA/min _____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: _____

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COMPEN 022701

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Josh Kuchel
 DIAGNOSIS @ L5/S1 SLAP Repair NEXT MD APPT 3-23-09

Date 3-12-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Muscle spasm isn't as bad, but still there

OBJECTIVE:
 ① Intert. 15 min ① MH 10 min CTX/PTX _____ Fibs Int/ static _____ min _____ fluids _____ min
 Estim _____ min ③ Manual 13 min ② Ther ex per flow sheet 25 min _____ paraffin _____ min
 ④ CP 15 min _____ other _____ min US cont/pulse _____ min _____ w/cm2 _____ lonto _____ mA/min _____ mA
 ① MH to ② Shld ③ Per-flow sheet ④ preop: all planes
 ⑤ EL: STM to biceps; TPR to biceps; Kinesiotape to biceps
 ⑥ IFC ECP to ② Shld

ASSESSMENT: Response to treatment/ goal status Reports this shld feels the same
Pain still @ incision anteriorly. Observed vld knot p
TPR to biceps

PLAN: Cont E POC

Therapist Signature: Ticki Chong, DPT

Date 3-17-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Cramping is gone, but still hurts + feels like I
for something loose

OBJECTIVE:
 Intert. _____ min ① MH 10 min CTX/PTX _____ Fibs Int/ static _____ min _____ fluids _____ min
 Estim _____ min Manual _____ min ② Ther ex per flow sheet 35 min _____ paraffin _____ min
 CP _____ min ③ Re-eval min ④ US cont/pulse 9 min 1, 2 w/cm2 _____ lonto _____ mA/min _____ mA
 ① MH to ② Shld ③ Per-flow sheet
 ④ Re-eval ⑤ US E HC to ② Shld

ASSESSMENT: Response to treatment/ goal status Alom: 1/103; ABD 126
② Problems: E exercises. Denied ice + Estim

PLAN: Cont E POC

Therapist Signature: Ticki Chong

COMPTN 022702

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Jaskishiel
 DIAGNOSIS @ L5/S1 RLP NEXT MD APPT 3-23-09
 Date 3-12-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE: Muscle spasm isn't as bad, but still there

OBJECTIVE: _____
 (1) Intef. 15 min (1) MH 10 min CTX/PTX _____ lbs int/static _____ min fluids _____ min
 Estlm _____ min (2) Manual 15 min (2) Ther ex pte flow sheet 25 min paraffin _____ min
 (4) CP 15 min other _____ min US cont/pulse _____ min w/cm2 _____ onto _____ mA/min _____ mA
 (1) MH to (2) Shld (2) Per-flow sheet (2) Pres: all planes
 3 EL: STM to biups; TPR to biups; Kinesiotape to biups
 (4) IFC & CP to @ shld

ASSESSMENT: Response to treatment/ goal status Reports this shld feels the same.
Pain still @ incision anteriorly. Observed Vld Knot P
TPR to biups

PLAN: Cont. 6 POC

Therapist Signature: Ticki Ching, DPT
 Date _____ #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE: _____

OBJECTIVE: _____
 Intef. _____ min MH _____ min CTX/PTX _____ lbs int/static _____ min fluids _____ min
 Estlm _____ min Manual _____ min Ther ex pte flow sheet _____ min paraffin _____ min
 CP _____ min other _____ min US cont/pulse _____ min w/cm2 _____ onto _____ mA/min _____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: _____

PROGRESS NOTES

PATIENT THOMAS, AnthonyDOCTOR JaschinskiDIAGNOSIS ① Sld. RepairNEXT MD APPT 3/2/09Date 3-4-09

#Rx since last re-eval

Rx remaining

SUBJECTIVE: still painful but the cramp went away, so feels better there.

OBJECTIVE:

① Intef. 15 min ① MH 10 min CIX/PTX Fibs int/ static min Fluids min

Estim min ② Manual 10 min ② Ther ex per flow sheet 25 min paraffin min

③ CP 15 min other min ④ US cont/pulse 9 min 1.5 w/cm2 lon to mA/min mA

① MH + ② sld ② Per flow sheet ② PROM: all 8 ER inf glides ① USHC to ② sld ② IFC ECP to ② sld. ③ cont: STM to biceps

ASSESSMENT: Response to treatment/ goal status: Reported the LASE caused his sld to hurt + the biceps began to cramp again. Stated that the cramp was up from MT/STMPLAN: Cont E POC. Add isometrics if tolerableTherapist Signature: Kiki Chang, DPTDate 3-10-09

#Rx since last re-eval

Rx remaining

NEXT MD APPT
3/23/09SUBJECTIVE: Sld is painful today. Was doing some exer. this morning went back to pain. Slder muscle spasm is back

OBJECTIVE:

① Intef. 15 min ① MH 10 min CIX/PTX Fibs int/ static min Fluids min

Estim min ② Manual 10 min ② Ther ex per flow sheet 25 min paraffin min

③ CP 15 min ④ other min ③ US cont/pulse min w/cm2 lon to mA/min mA

① MH + ② sld ② Per flow sheet ② PROM: all planes X ER ④ ice massage to biceps ② ⑤ Kinesiotape to biceps ② for inhibition ② IFC ECP to ② sld

ASSESSMENT: Response to treatment/ goal status: Continues to do pain in sld + biceps. Reported biceps spasm relaxed a little after PROMPLAN: Monitor muscle spasm w/ ice massage + Kinesiotape. Cont E. POCTherapist Signature: Kiki Chang, DPT

JW

COMPTN 022702

PROGRESS NOTES

PATIENT Thomas Cyboron DOCTOR Jaskiwich
 DIAGNOSIS Stap Repair NEXT MD APPT 3/2/09
 Date 3-4-09 Rfx since last re-eval _____ Rfx remaining _____

SUBJECTIVE: still painful but the cramp went away, so feels better there

OBJECTIVE:
 ① Intef 5 min ① MH 1 min CTX/PTX _____ lbs int/static _____ min Buldo _____ min
 Estim _____ min ② Manual 10 min ② Ther ex per flow sheet 25 min paraffin _____ min
 ③ CP 15 min other _____ min ④ US cont/pulse 9 min 1.5 w/cm2 _____ into _____ mA/min _____ mA
 ① MH + ② SHL ② Per flow sheet ② PROM: all 5 ER
 inf glides ④ WETB. to ② shd. ④ JFC E CP + ②
 shd. ③ cont: atm to biceps

ASSESSMENT: Response to treatment/ goal status Reported the USE caused this shd to hurt + the biceps began to cramp again. Stated that the cramp is up from 1 MH/15 min

PLAN: Cont 5 pdc. Add isometrics if tolerable

Therapist Signature: Tuki Clay DPT

Date _____ Rfx since last re-eval _____ Rfx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
 Intef _____ min MH _____ min CTX/PTX _____ lbs int/static _____ min Buldo _____ min
 Estim _____ min Manual _____ min Ther ex per flow sheet _____ min paraffin _____ min
 CP _____ min other _____ min US cont/pulse _____ min _____ w/cm2 _____ into _____ mA/min _____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: _____

PROGRESS NOTES

PATIENT Thomas Contreas DOCTOR J
 DIAGNOSIS (R) SLAP repair NEXT MD APPT 3-2-09
 Date 2-27-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE: "Little better"

OBJECTIVE:
 Intert. min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min _____ fluids _____ min
 Estim. min (3) Manual 15 min (4) Ther ex per flow sheet 25 min paraffin _____ min
 CP min (5) other 10 min (2) US cont/ pulse 8 min 1.5 w/cm2 ionto _____ mA/min _____ mA
(1) 10 mins (2) not performed i HC
(3) all planes i ER (4) per flow (5) re-eval
(6) cryo i HC

ASSESSMENT: Response to treatment/ goal status STG #1 & #3 met, others appropriate

PLAN: Note to MD.

Therapist Signature: [Signature]

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
 Intert. min _____ MH _____ min _____ CTX/PTX _____ #lbs int/ static _____ min _____ fluids _____ min
 Estim. min _____ Manual _____ min _____ Ther ex per flow sheet _____ min _____ paraffin _____ min
 CP min _____ other _____ min _____ US cont/ pulse _____ min _____ w/cm2 _____ ionto _____ mA/min _____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: _____

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR _____
 DIAGNOSIS (R) SpA Spasm NEXT MD APPT _____

Date 2-23-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: "It still hurts."

OBJECTIVE:
 (6) Intert 15 min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min fluids _____ min
 Estim _____ min (3) Manual 15 min Ther ex per flow sheet _____ min paraffin _____ min
 (5) CP 15 min other _____ min (2) US cont/pulse 8 min 1.5 w/cm2 Ionto _____ mA/min _____ mA

(1) (R) yheld (2) lat assessment i HC
 (3) PROM all planes x ER (4) puf flow (5) Cryo i HC

ASSESSMENT: Response to treatment/ goal status Cont to have 7 ROM
to theom vs. PROM. Pres/ spasm @ delt
injection.

PLAN: Cont. per protocol.

Therapist Signature: [Signature]

Date 2-25-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Cont x spasm; lifting arm in a.m.
to adjust shoulder head -

OBJECTIVE:
 (4) Intert 15 min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min fluids _____ min
 Estim _____ min (3) Manual 15 min (4) Ther ex per flow sheet _____ min paraffin _____ min
 (4) CP 15 min other _____ min (2) US cont/pulse 8 min 1.5 w/cm2 Ionto _____ mA/min _____ mA

(1) (R) yheld (2) pui - deltoid i HC
 (3) x-fiber to spasm (3) puf flow
 1/6 PROM all planes x ER

ASSESSMENT: Response to treatment/ goal status 19. Cont to have difficulty
relaxing i cont 7 LOP.

PLAN: Progress per protocol

Therapist Signature: [Signature]

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR _____
 DIAGNOSIS (2) SRP/PTX NEXT MD APPT _____

Date 2-23-09 #Rtx since last re-eval _____ Rtx remaining _____

SUBJECTIVE: It still hurts.

OBJECTIVE:

(5) Intert. 15 min (1) MH 10 min CTX/PTX #lbs int/ static _____ min fluido _____ min

Estim _____ min (3) Manual 75 min Ther ex per flow sheet _____ min paraffin _____ min

(5) CP 15 min other _____ min (2) US cont/pulse 8 min 4 w/cm2 _____ jonto _____ mA/min _____ mA

(1) (2) shld (2) lat abdom 2 HC

(3) PROM all planes & ER (4) pull down (5) Cryc E HC

ASSESSMENT: Response to treatment/ goal status: Cont'd to have + ROM
to theom vs. PROM. Pain/spasm @ delt
insertions.

PLAN: Cont'd per protocol.

Therapist Signature: [Signature]

Date _____ #Rtx since last re-eval _____ Rtx remaining _____

SUBJECTIVE: _____

OBJECTIVE:

Intert. _____ min MH _____ min CTX/PTX #lbs int/ static _____ min fluido _____ min

Estim _____ min Manual _____ min Ther ex per flow sheet _____ min paraffin _____ min

CP _____ min other _____ min US cont/pulse _____ min w/cm2 _____ jonto _____ mA/min _____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: _____

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PROGRESS NOTES

PATIENT Shirley Conchera DOCTOR Dr. K. H. H. H.
 DIAGNOSIS SLAP repair NEXT MD APPT. 3/18/09

Date 2-18-09

#Rx since last re-eval

Rx remaining

SUBJECTIVE:

"It's really hurting."

OBJECTIVE:

Interf. 1 min 1 MH 10 min CTX/PTX #lbs int/ static min fluids min
 Estim min Manual min Ther ex per flow sheet min paraffin min
 CP min other min 2 US comp pulse 8 min 1.5 w/cm2 into mA/min mA

① @ shld, ② lat acromion & HC③ PROM all planes & ER ④ per flow⑤ comp & IFC in sitting

ASSESSMENT: Response to treatment/ goal status

Shoulder & ROM

PLAN:

Cont per protocol.Therapist Signature: K. H. H. H.Date 2-20-09

#Rx since last re-eval

Rx remaining

SUBJECTIVE: "Really hurts today." Started getting a spasm /
cramping pain @ lateral upper arm.

OBJECTIVE:

④ Interf. 15 min 1 MH 10 min CTX/PTX #lbs int/ static min fluids min
 Estim min ③ Manual 20 min Ther ex per flow sheet min paraffin min
④ CP 15 min other min ② US comp pulse 9 min 1.5 w/cm2 into mA/min mA

① MH to @ shld ② USE HC to @ lat. acromion / Mid bicepslateral arm ③ PROM: V, ABD, IR, STM + MFR to biceps⑤ IFC & CP to @ shld

ASSESSMENT: Response to treatment/ goal status

Noted tensed muscle @ mid-
biceps; relaxed a little w/ MFR, but still painful / sore

PLAN:

Cont to POCTherapist Signature: K. H. H. H.Ma

PATIENT Mona: Cortina DOCTOR Jaskurhira
 DIAGNOSIS (R) SLAP repair NEXT MD APPT _____

Date: 2-11-09

#Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: IE

OBJECTIVE: _____ min _____ MH _____ min _____ CTX/PTX _____ #lbs int/ static _____ min _____ fluid _____ min

_____ min _____ Manual 15 min _____ Ther ex per flow sheet _____ min _____ paraffin _____ min

(4) CP 10 min (1) other 30 min (2) US cont/pulse 8 min 1.5 w/cm2 _____ into _____ mA/min _____ mA

(1) IE (2) delt & HC (3) MFR distal delt

(4) in sitting

ASSESSMENT: Response to treatment/ goal status Pt. has 1 ROM & 1 LOP s/p
(1) scope i SLAP repair. Hx (4w) (1) E HSP (2) PROM
WJ (3) PROM elev to 120° (8w) (1) Full over the ARM
(2) 50% ARM HOV early (3) ROM full during

PLAN: Pt. to be seen 3x weekly for 6-8w for stretching
strengthening, MT, US, IE, MFR, ongo & HC when appropriate

Therapist Signature: [Signature]

Date: 2-13-09

#Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Still hurting

OBJECTIVE: _____ min _____ MH 10 min _____ CTX/PTX _____ #lbs int/ static _____ min _____ fluid _____ min

_____ min _____ Manual 15 min _____ Ther ex per flow sheet 20 min _____ paraffin _____ min

(5) CP 10 min _____ other _____ min (2) US cont/pulse 8 min 1.5 w/cm2 _____ into _____ mA/min _____ mA

(1) R yldr (2) E HC @ 1.5 w/cm2 (3) PROM all planes x

BR (4) per flow (5) in sitting

ASSESSMENT: Response to treatment/ goal status Pain @ deltoid; 7 ROM
i AA activities vs. PROM.

PLAN: Add WBE NV.

Therapist Signature: [Signature]

Nome

PATIENT #
Contreras, Thomas

Case No

223

PATIENT PROGRESS AND TREATMENT RECORD

PATIENT PROGRESS AND TREATMENT RECORD

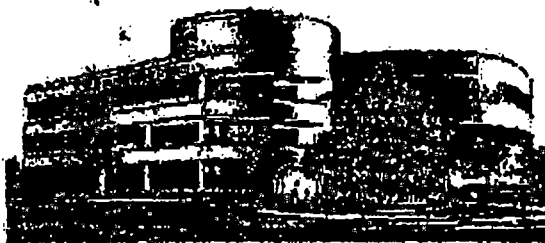
Name: Contreras, Thomas

Case No. _____

DATE	DAY	PATIENT'S REMARKS	DOCTOR'S REMARKS
10/30/8	R	S: Pretty sore just. Also thinks he ends up sleeping on it which doesn't help. D: UBEX 7; pullup for EPDM elevation; blue TB Ports, scap therapy; left 30 th flap 30 th ; sled ABD 3 rd , press 5 th - 2x12. USXS pulled 1.5w/cm ² @ ant sled. A: Able to do all of his therapy but the way taking him into elevation plus c/o pin. Doesn't seem confined around AC area, more soft tissue. P: Cont therapy	(AS)
11/3/8	M	S: Still sore in sled activity. D: UBEX 7; pullup for EPDM elevation; blue TB Ports, scap therapy; left 30 th flap 30 th ; sled ABD 3 rd , press 5 th - 2x12. PNF D1/D2 DR. USXS pulled 1.4 w/cm ² @ ant sled. A: Rt. c/o dorsion/pin in ant sled in @ postural area, but he was able to perform all therapy & excellent form. P: Cont therapy	(AS)
11/6/8	R	S: Sled hurts from reaching up to grab center in rod at Home Depot. Muscularly sore from Monday's tx hit now more joint pin. D: UBEX 7; pullup; blue TB Ports, scap therapy; left; flap 30 th , sled ABD 3 rd , press 5 th - 2x12. PNF D1/D2 DR. USXS 1.0 w/cm ² pulled to @ AC region. A: AC area pretty inflamed today @ AC Compression Test. Overhead act w/ his pin but as long as possible 90° or less, his disc, though still there, was minimal. P: Cont therapy	(AS)

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PATIENT PROGRESS AND TREATMENT RECORD



State Budget & Control Board
South Carolina Retirement Systems

FAX

TO: Karl Ristow

Re: Thomas
Contreras

Phone

FAX 843-559-7362

Date 2/9/2011

Number of pages 3
including cover sheet

FROM: Evelyn C. Byrd
SC Retirement
Systems
Customer Claims
PO Box 11960
Columbia, SC
29211-1960

Phone 803-737-6861

Fax 803-737-7752

Phone

CC:

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

Please complete and return the attached 6201 via fax at 737-7752 ASAP.

225

Form 6253
Revised 02/03/2004
Print or type in
black ink

EMPLOYER'S DISABILITY EMPLOYMENT STATUS REPORT

To Be Completed by Applicant's Payroll/Benefits Officer

State Budget and Control Board
South Carolina Retirement Systems
Attention: Customer Services Annuity Claims
PO Box 11960, Columbia, SC 29211-1960

☐ SCRS
☒ PORS
☐ GARS

The individual indicated below has applied for disability retirement benefits. Please complete the information on the remainder of this form, and return it to the address listed above as soon as possible. Upon receipt of this completed form, the employee's application will be processed.

Employee Name: THOMAS CONTRERAS

Social Security Number: 117-58-7473

Employer: ST. Johns Fire District

Employer Code: 910.07

Position Title: Captain III

1. Is the position title shown above correct?
☒ Yes ☐ No (please explain)

2. Annual salary on date of disability:
\$ 47,985.31

3a. Is the employee currently working?
☒ No (last day physically worked): 10/10/2010 (skip to Question 4a)
☐ Yes (proceed to Question 3b) MM-DD-YYYY

3b. Is the employee performing all regular duties?
☐ Yes (skip to Question 6a)
☐ No (proceed to Question 3c)

3c. In what capacity is the employee currently working? ☐ Leave without pay (not terminated) (attach copy of Personnel Policy)
☐ Light duty ☐ Diminished capacity
☐ Reduced hours
☒ Other (please explain): _____

3d. Date member was placed in status shown at left: _____ MM-DD-YYYY

4a. Is this employee terminated?
☒ No (skip to Question 5)
☐ Yes (date of termination): _____ (proceed to Question 4b) MM-DD-YYYY

4b. Last day compensation was earned (including pay continuation, using annual and sick leave):

MM-DD-YYYY

4c. Amount of lump-sum payments for unused leave

Annual leave \$ _____
Sick leave \$ _____

4d. Number of days of unused leave: (complete and proceed to Question 5a)

Annual leave _____
Sick leave _____

5. Employee's current payroll status (check one and indicate appropriate date):

☐ On annual leave (date leave began): _____
☐ On sick leave (date leave began): _____
☐ On leave without pay (date leave began): _____
☐ Applied for leave under sick leave bank (date leave begins): _____
☒ Other (please explain): Workers Compensation

6a. Was this employee injured on the job?

☐ No ☒ Yes (date of injury): 10-08-2008
MM-DD-YYYY

6b. Is employee on leave without pay (not terminated) pending settlement of a Workers' Compensation claim?

☐ No ☐ Claim settled (date): _____
☒ Yes MM-DD-YYYY

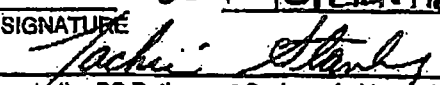
I hereby certify that to the best of my knowledge, the information above correctly reflects the records of the employing entity.

Prepared by: Eronne B. King Title: BookKeeper

Signature: Eronne B. King Date: 11-15-2010 Telephone: (813) 557-9194

Return completed form to the SC Retirement Systems (address above).

Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (In state) or (803) 737-6800

Form 6254 Revised 11/28/2007 Print or type in black ink	EMPLOYER'S DESCRIPTION OF DISABILITY APPLICANT'S JOB (TO BE COMPLETED BY APPLICANT'S SUPERVISOR) State Budget and Control Board South Carolina Retirement Systems ATTENTION: CUSTOMER ANNUITY CLAIMS PO Box 11960, Columbia SC 29211-1960	Retirement System ☐ SCRS ☒ PORS ☐ GARS																																																		
The individual indicated below has applied for disability retirement benefits. Please complete the information on the remainder of this form, and return it to the address listed above as soon as possible. Upon receipt of this completed form, the employee's application will be processed.																																																				
DISABILITY APPLICANT/EMPLOYEE INFORMATION																																																				
1. Last Name & Suffix CONTRERAS	2. First/Middle Name THOMAS	3. Social Security Number 117-58-7473																																																		
4. Position Title CAPTAIN	5. Employer ST John's Fire District	6. Employer Code 910-07																																																		
Date employee started this position: 04/01/1997 Date employee stopped work in this position because of disability: 10/08/2008																																																				
IN THIS JOB DID THE EMPLOYEE: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">1. Use machines, tools, or equipment of any kind?</td> <td style="width: 20%;">☒ Yes</td> <td style="width: 20%;">☐ No</td> </tr> <tr> <td>2. Use technical knowledge of any kind?</td> <td>☒ Yes</td> <td>☐ No</td> </tr> <tr> <td>3. Do any writing, complete reports, or perform similar duties?</td> <td>☒ Yes</td> <td>☐ No</td> </tr> <tr> <td>4. Have supervisory responsibilities?</td> <td>☒ Yes</td> <td>☐ No</td> </tr> </table>			1. Use machines, tools, or equipment of any kind?	☒ Yes	☐ No	2. Use technical knowledge of any kind?	☒ Yes	☐ No	3. Do any writing, complete reports, or perform similar duties?	☒ Yes	☐ No	4. Have supervisory responsibilities?	☒ Yes	☐ No																																						
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4. Have supervisory responsibilities?	☒ Yes	☐ No																																																		
DESCRIBE BASIC DUTIES OF JOB BELOW AND ATTACH EMPLOYEE'S POSITION DESCRIPTION. ALSO, EXPLAIN ALL "YES" ANSWERS ABOVE BY GIVING A FULL DESCRIPTION OF: A. Type of machines, tools, or equipment used, and exact operations performed. B. The technical knowledge or skills involved. C. Type of writing done and nature of reports. D. The number of people supervised and the extent of supervision. <u>REQUIRED TO OPERATE ON AN EMERGENCY SCENE ALL FIRE FIGHTING EQUIPMENT, INCLUDING RESCUE TOOLS, LADDERS, SCBA, CHAIN SAWS AND OTHER THINGS. MUST BE ABLE TO WORK WITH COMPUTERS AND COMPLETE FIRE REPORTS, EMPLOYEE EVALUATIONS, ETC..</u> <u>THE POSITION SUPERVISES 3 TO 7 PERSONNEL DURING THE SHIFT AND MORE ON EMERGENCIES</u>																																																				
DESCRIBE THE KIND AND AMOUNT OF PHYSICAL ACTIVITY THIS JOB INVOLVED DURING A TYPICAL DAY IN TERMS OF: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">A. CHECK NUMBER OF HOURS A DAY:</td> <td style="width: 10%;">WALKING</td> <td style="width: 5%;">1 ☐</td> <td style="width: 5%;">2 ☐</td> <td style="width: 5%;">3 ☐</td> <td style="width: 5%;">4 ☐</td> <td style="width: 5%;">5 ☐</td> <td style="width: 5%;">6 ☐</td> <td style="width: 5%;">7 ☐</td> <td style="width: 5%;">8 ☒</td> </tr> <tr> <td></td> <td>STANDING</td> <td>1 ☐</td> <td>2 ☐</td> <td>3 ☐</td> <td>4 ☐</td> <td>5 ☐</td> <td>6 ☐</td> <td>7 ☐</td> <td>8 ☒</td> </tr> <tr> <td></td> <td>SITTING</td> <td>1 ☐</td> <td>2 ☐</td> <td>3 ☐</td> <td>4 ☐</td> <td>5 ☐</td> <td>6 ☐</td> <td>7 ☒</td> <td>8 ☐</td> </tr> <tr> <td></td> <td>HANDLE, GRAB, OR GRASP LARGE OBJECTS</td> <td>1 ☐</td> <td>2 ☐</td> <td>3 ☐</td> <td>4 ☐</td> <td>5 ☐</td> <td>6 ☒</td> <td>7 ☐</td> <td>8 ☐</td> </tr> <tr> <td></td> <td>WRITE, TYPE, OR HANDLE SMALL OBJECTS</td> <td>1 ☐</td> <td>2 ☐</td> <td>3 ☐</td> <td>4 ☐</td> <td>5 ☐</td> <td>6 ☐</td> <td>7 ☐</td> <td>8 ☒</td> </tr> </table>			A. CHECK NUMBER OF HOURS A DAY:	WALKING	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☒		STANDING	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☒		SITTING	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☒	8 ☐		HANDLE, GRAB, OR GRASP LARGE OBJECTS	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☒	7 ☐	8 ☐		WRITE, TYPE, OR HANDLE SMALL OBJECTS	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☒
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B. CHECK HOW OFTEN: BENDING ☐ NEVER ☐ OCCASIONALLY ☐ FREQUENTLY ☒ CONSTANTLY REACHING ☐ NEVER ☐ OCCASIONALLY ☐ FREQUENTLY ☒ CONSTANTLY																																																				
C. LIFTING AND CARRYING: THIS EMPLOYEE OCCASIONALLY (UP TO 1/3 OF AN 8-HOUR DAY) LIFTS AND/OR CARRIES: ☐ LESS THAN 10 LBS. Kinds of objects lifted: <u>PORTABLE RADIO, SMALL HAND TOOLS, BOOKS</u> ☐ 10 LBS. Kinds of objects lifted: <u>CHAIN SAW, FIRE HOSE, OTHER FIRE FIGHTING EQUIPMENT</u> ☐ 20 LBS. Kinds of objects lifted: <u>LADDERS, FIRE HOSE, SCBA</u> ☐ 50 LBS. OR MORE Kinds of objects lifted: <u>LIGHTER FLAME BUCKETS, PATIENTS, GENERATORS, RESCUE TOOLS</u> THIS EMPLOYEE FREQUENTLY (1/3 TO 2/3 OF AN 8-HOUR DAY) LIFTS AND/OR CARRIES: ☐ LESS THAN 10 LBS. Kinds of objects lifted: <u>PORTABLE RADIO, SMALL HAND TOOLS, BOOKS</u> ☐ 10 LBS. Kinds of objects lifted: <u>CHAIN SAW, FIRE HOSE, OTHER FIRE FIGHTING EQUIPMENT</u> ☐ 20 LBS. Kinds of objects lifted: <u>LADDERS, FIRE HOSE, SCBA</u> ☐ 50 LBS. OR MORE Kinds of objects lifted: <u>LIGHTER FLAME, PATIENTS, GENERATORS, RESCUE TOOLS</u>																																																				
NAME OF SUPERVISOR (PLEASE PRINT) JACKIE STANLEY		TITLE 227 OPERATIONS CHIEF																																																		
PHONE 843-559-9194	DATE 11/10/2010	SIGNATURE 																																																		
		Position Description Attached ☒ Yes ☐ No																																																		
Return completed form to the SC Retirement Systems (address above). Please call SC Retirement Systems Customer Service with any questions: (800) 868-8002 (in state) or (803) 737-8800, or cs@retirement.sc.gov																																																				

ST. JOHNS FIRE DISTRICT

Position Description

POSITION TITLE: Captain
DEPARTMENT: Operations
STATUS: Non-Exempt, Full-time

GENERAL NATURE OF WORK: This lead firefighter performs under limited supervision, is responsible for station and crew assigned to his/her command, and is responsible for a broad range of administrative and technical duties. This classification differs from that of the Engineer in that it assumes greater supervisory responsibilities over the assigned station. The Battalion Chief through conferences, and review of records and reports supervises all work.

EXAMPLES OF DUTIES:

Provides administrative assistance to the Battalion Chief in areas such as policy development and implementation.

Responsible for the operation and maintenance of assigned fire equipment and apparatus.

Transmits orders and assumes command in emergency situations until relieved by the Battalion Chief or designate.

Plans, assigns, supervises, and schedules the activities of the officers and members of station assigned, as well as inspects the stations and equipment.

Conducts or assists with scheduled in-service training along with arranging specialized training when opportunities are made available and is responsible for general efficiency of all personnel assigned.

Provides a motivational atmosphere for the members of their unit on a daily basis by setting a good example, positive attitude and demeanor.

Responsible for administrative reports, and logs as required by Standard Operating Guidelines.

Prepares the apparatus assignment schedules for assigned station.

2218

Captain, cont'd.

Attends and participates in public functions for the purpose of promoting fire prevention, and establishing favorable public relations.

Directs the investigation of and responds to citizen complaints. Effectively relates to and communicates with the community.

Remains abreast of developments affecting fire prevention and suppression, and takes appropriate actions to ensure station is in compliance with all laws and ordinances. Appraises conditions of work and takes necessary steps to improve operations.

Manages the processing of information via a medium-sized business computer system.

Performs all other duties deemed necessary by the Fire Chief.

NOTE: The listing of functions and responsibilities is representative and not exhaustive. It should not be construed as a detailed description of all work requirements that may be inherent in the job nor shall it be construed as giving exclusive title to every function described.

DESIRABLE KNOWLEDGE, ABILITIES AND SKILLS:

Extensive knowledge of modern methods, practices and techniques in fire prevention and suppression

Working knowledge of the geography of the Fire District.

Good knowledge of modern organizational, planning, and budget preparation practices.

Ability to maneuver around a fire scene and observe all portions structures. This may require the climbing of ladders to access upper floors.

Must be able to communicate both verbally and in written form, and have the visual and physical abilities to operate all fire department vehicles.

Extensive knowledge of Fire District codes and ordinances, and state laws governing fire prevention, suppression, investigation, and inspection at the local government level.

Considerable knowledge of the functions, organizations, staffing and operating procedures of outlying Fire Departments.

Captain, cont'd.

Ability to establish and maintain harmonious working relationships with other employees, other departments, district officials, and the public in achieving fire prevention and suppression goals.

Ability to meet the physical standard NFPA 1582.

Ability to meet standards of NFPA 1001 and 1002, and NFPA 1021 "Standard for a Fire Officer".

Ability to function, react quickly, calmly, and professionally under varying emergency conditions and hazardous environments.

Physical strength, agility, and freedom from physical impairments which might hinder effective job performance.

REQUIREMENTS:

High School diploma or equivalent. Five years of fire service experience with at least two years experience being at the supervisory/management level; or any equivalent combination of training and experience which provides the required knowledge, skills and abilities.

Must possess a valid S.C. drivers license with a good driving record.

Must possess a current Class E drivers license, CDL preferred.


Allstate

Workplace Division

CLAIM FORM AND INSTRUCTIONS

If you have any questions regarding our determination of your claim, or if you would like to appeal any determination, please contact our Customer Care Center at 1-800-348-4489, 9:00 A.M. to 3:00 P.M. Eastern Standard Time.

The furnishing of this form, or its acceptance by the Company as proof, must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

INSTRUCTIONS FOR FILING CLAIMS

- Please fill out the sections which apply to your specific claim.
- Enclose the information requested and include your policy number. To obtain your policy number call 1-800-348-4489.
- You may fax your claim to us at 1-904-992-2899. Please allow 48 hours for our records to be updated with information confirming receipt of your fax or claim.
- or, You may mail your claim to:

Allstate Workplace Division
Attn: Claim Department
1776 American Heritage Life Drive
Jacksonville, Florida 32224-6687
- Additional claim forms are available on our website at www.ahlcorp.com.
- If you are filing a claim within the first 12 to 24 months your policy is in force, additional information may be required. Please notify your doctor we will be contacting him/her and provide him/her with a copy of your authorization to release information to us.
- **FOR ALL CLAIMS (First Claim or Continued Claim):**
 - ☐ Complete PART 1: Section A – POLICYHOLDER and,
 - ☐ Sign the Authorization (Page 2)

PART 1

Section A: POLICYHOLDER

Employer Name (Company/Address): ST. JOHNS KIDS DEPT Occupation: FIRE FIGHTER

1. Name: First: THOMAS Middle: _____ Last: CONTARAS

Social Security Number: 117-58 7473 Date of Birth: 9 / 25 / 61 ☒ Male ☐ Female

2. Home Number: (848) 769-4429 E-mail: THOMASCONTARAS@AVOLOGY.NET Avg. Monthly Earnings: 3,449.38

PATIENT

3. Name: First: THOMAS Middle: _____ Last: CONTARAS

4. Date of Birth: 9 / 25 / 61 Age: 46 ☒ Male ☐ Female

5. This person is your: SELF (ex: self, wife, son, etc.) Is he/she a full-time student? ☐ Yes ☒ No If yes, please submit proof of student status.

Section B: TYPE OF CLAIM: ☒ FIRST CLAIM ☐ CONTINUED CLAIM

☒ ACCIDENT/DISABILITY	Policy No.(s): <u>8013813070</u>
☐ Routine Pregnancy	
☐ Ongoing Disability	
☐ CANCER	Policy No.(s): _____
☐ Wellness Benefit	
☐ Intensive Care	
☐ HEART/STROKE	Policy No.(s): _____
☐ HOSPITAL INDEMNITY	Policy No.(s): _____
☐ CRITICAL ILLNESS	Policy No.(s): _____
☐ WAIVER OF PREMIUM	Policy No.(s): _____

➔ **PLEASE NOTE: Failure to complete this information will cause a delay in the processing of your claim.**

Allstate Workplace Division is the marketing name for American Heritage Life Insurance Company (home office: Jacksonville, Florida), a wholly-owned subsidiary of The Allstate Corporation (home office: Northbrook, Illinois)

If you filing a claim for disability or waiver of premium, please have your employer and physician complete PARTS 2 & 4.

PART 2

ATTENDING PHYSICIAN'S STATEMENT

Patient's Name: Thomas Contreras Age: 9/25/61 (46)

1. Diagnosis: Grade 1 Lateral Sprain (L) Ankle
 2. If condition is due to pregnancy, what is expected delivery date? Date _____
 3. When did symptoms first appear or accident happen? Date 9, 27, 07 MO/DAY/YR
 4. When did patient first consult you for this condition? Date 9, 28, 07 MO/DAY/YR
 5. Has patient ever had same or similar condition? (If "yes," state when and describe.) ☐ Yes ☒ No
 6. Describe any other diseases or infirmity affecting present condition. 0
 7. Nature of surgical or obstetrical procedure, if any (describe fully). 0
 8. Is patient unable to perform job duties? ☒ Yes ☐ No If yes, from 9/27/07 through 10/8/07
 - 8a. What specific job duties is patient unable to perform? full duty
 - 8b. Specific RESTRICTIONS (What the patient should not do and why). Please quantify in hours, weight, etc. 0
 - 8c. Specific LIMITATIONS (What the patient cannot do and why). 0
 10. If retired or unemployed which activities of daily living (ADLs) is patient unable to perform?
 11. Date patient last examined by you: 10/24/07 Frequency of visits: ☐ weekly ☒ monthly ☐ other
 12. Is patient: ☐ ambulatory ☐ bed confined ☐ house confined ☐ other
 13. If patient is hospitalized, give name and address of hospital.
Hospital: _____ City: _____ State: _____
 - 14a. Date admitted: _____ Date discharged: _____ MO/DAY/YR MO/DAY/YR
 - 14b. When do you expect patient to resume partial duties? _____ Full duties? 10, 8, 07 MO/DAY/YR
 - 14c. If patient is unemployed or retired, on what date would you expect a person of like age, gender and good health to resume his/her normal and necessary activities? _____ MO/DAY/YR
 15. Is condition due to injury or sickness arising out of patient's employment? ☐ Yes ☒ No (Not work Related)
If "yes," explain. -At Home
- Name and address of referring physician if any.
Name: _____ Address: _____
City: _____ State: _____ Zip: _____
16. Have you completed paperwork for any other insurance company? ☐ Yes ☐ No Social Security Disability? ☐ Yes ☐ No

If you are claiming CONTINUING DISABILITY, please have your employer and physician complete PARTS 3 & 4.

FIRST CLAIM FOR DISABILITY due to Accident or to Sickness: _____ MO/DAY/YR

1. Is this claim for continuation of a previous disability? ☐ Yes ☐ No
 - 2a. Diagnosis: _____
 3. Describe any other diseases or infirmity affecting present condition. _____
 4. Date of initial disability due to this diagnosis _____ MO/DAY/YR
 5. Is patient unable to perform job duties? ☐ Yes ☐ No If yes, may return to work ☐ part-time ☐ full-time on: _____ MO/DAY/YR
- List any work restrictions: _____ If No, date expected to return to work: _____ MO/DAY/YR

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

PHYSICIAN VERIFICATION

Signed: [Signature] Date: 10, 24, 07 Phone: (813) 958-2500
Street Address: 3093 Henry Tecklenburg Dr., Ste 200
City/Town: Charleston, SC
State/Province: SC Zip Code: 29407

If you filing a claim for disability or waiver of premium, please have your employer and physician complete PARTS 2 & 4.

PART 2: ATTENDING PHYSICIAN'S STATEMENT

Patient's Name: Thomas Contreras

Age: 46

1. Diagnosis: Ankle sprain

2. If condition is due to pregnancy, what is expected delivery date? Date 1/1/11

MO/DAY/YR

3. When did symptoms first appear or accident happen? Date 9/27/07

MO/DAY/YR

4. When did patient first consult you for this condition? Date 11/15/07

MO/DAY/YR

5. Has patient ever had same or similar condition? (If "yes," state when and describe.) ☐ Yes ☒ No

6. Describe any other diseases or infirmity affecting present condition. 0

7. Nature of surgical or obstetrical procedure, if any (describe fully). 0

8. Is patient unable to perform job duties? ☒ Yes ☒ No If yes, from 11/15/07 through 12/21/07

9a. What specific job duties is patient unable to perform?

9b. Specific RESTRICTIONS (What the patient should not do and why). Please quantify in hours, weight, etc.

9c. Specific LIMITATIONS (What the patient cannot do and why).

10. If retired or unemployed which activities of daily living (ADLs) is patient unable to perform?

11. Date patient last examined by you: 11/15/07 Frequency of visits: ☐ weekly ☐ monthly ☒ other every 6 weeks

12. Is patient ☒ ambulatory ☐ bed confined ☐ house confined ☐ other

13. If patient is hospitalized, give name and address of hospital.

Hospital:

City:

State:

14a. Date admitted: 1/1/11

MO/DAY/YR

Date discharged: 1/1/11

MO/DAY/YR

14b. When do you expect patient to resume normal duties? 1/1/11

MO/DAY/YR

Full duties? 2/12/08

MO/DAY/YR

14c. If patient is unemployed or retired, on what date would you expect a person of like age, gender and good health to resume his/her normal and necessary activities? 1/1/11

MO/DAY/YR

15. Is condition due to injury or sickness arising out of patient's employment? ☐ Yes ☒ No

If "yes," explain.

Name and address of referring physician if any.

Name: Duke Wilson

Address: 3093 Henry Tecklenburg Drive

City: Charleston

State: SC

Zip: 29414

16. Have you completed paperwork for any other insurance company? ☐ Yes ☒ No Social Security Disability? ☐ Yes ☒ No

If you are claiming CONTINUING DISABILITY, please have your employer and physician complete PARTS 3 & 4.

PART 3: ATTENDING PHYSICIAN'S STATEMENT FOR CONTINUING DISABILITY

FIRST CLAIM FOR DISABILITY due to Accident or to Sickness: 1/1/11

MO/DAY/YR

1. Is this claim for continuation of a previous disability? ☐ Yes ☒ No

2a. Diagnosis:

3. Describe any other diseases or infirmity affecting present condition.

4. Date of initial disability due to this diagnosis: 1/1/11

MO/DAY/YR

5. Is patient unable to perform job duties? ☐ Yes ☒ No If yes, may return to work ☐ part-time ☐ full-time on: 1/1/11

MO/DAY/YR

List any work restrictions:

If No, date expected to return to work: 1/1/11

MO/DAY/YR

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

PHYSICIAN VERIFICATION

Signed: [Signature]

MD

Date: 02/11/2008

MO/DAY/YR

Phone: (843) 958-2500

Street Address: 3093 Henry Tecklenburg Dr.

City/Town: Charleston, SC

State/Province: SC

Zip Code: 29414

INSTRUCTIONS FOR FILING ACCIDENT CLAIMS:

- ☐ A copy of the hospital bill. Make sure the bill includes your diagnosis and the number of days you were in the hospital. If you were treated in the emergency room or a doctor's office, please include a copy of these bills also.
- ☐ **PART 2:** Attending Physician's Statement should be completed and signed by your doctor

We may also need:

- ☐ A copy of the accident report if the accident was investigated by the police or sheriff.
- ☐ A copy of the blood alcohol report or drug screening if the patient was tested for alcohol or drugs.
- ☐ A certified copy of the death certificate if the patient is deceased.

Section C ACCIDENT POLICY CLAIMS.

Please attach itemized bill(s), including date(s) of service, diagnosis code(s), procedure code(s) and charge(s).

Date of accident: 9/27/07 Injury: 9/27/07 Time of accident: ☐ a.m. ☐ p.m.Where did it happen? HomeTell us exactly how your accident/injury happened: I WAS CUTTING A TREESAW A BRANCH FALL INTO A SWATCH STEPPING ON A LARGE OAK TREE
TRUNK.

Did your injuries occur while you were working for pay or profit?

☐ Yes ☒ No ☐ On the job ☒ Off the jobHave you ever had a similar injury? NOIf so, please tell us when:

MO/DAY/YR

If you are claiming disability due to your accident, please have your physician complete the ATTENDING PHYSICIAN STATEMENT, PART 2 and your employer complete the EMPLOYER'S STATEMENT, PART 4.

INSTRUCTIONS FOR FILING FIRST CLAIM FOR DISABILITY (due to Accident or Sickness) AND WAIVER OF PREMIUM:**PART 2:** Attending Physician's Statement should be completed and signed by your doctor.

- ☐ **PART 4:** Employer's Statement should be completed, including your monthly salary and pre-tax information, and signed by your employer. If you are self-employed, also send us a copy of your current business license and your most recent quarterly tax records. Additional information may be required.

Section D DISABILITY AND WAIVER OF PREMIUM CLAIMS.INJURY OR ILLNESS YOU ARE CLAIMING: Date you were first treated for your illness or injury: MO/DAY/YR Date you were last treated for your illness or injury: MO/DAY/YRDate of your accident or the date you first noticed the symptoms of your illness: MO/DAY/YRIf you are claiming an injury, did your injury occur at work? ☐ Yes ☒ No

List all physicians seen in the past five (5) years:

Name	Address	Phone	Specialty	Dates Consulted	Reason for Consult

List all hospital confinements in the past five (5) years:

Name	Address	From/To	Reason Confined

List all pharmacies used in the past five (5) years: (include address and phone number)

I have been unable to work since: MO/DAY/YR I returned to work on a ☐ part-time ☐ full-time basis: MO/DAY/YRDescribe why you are unable to work: Are you receiving Disability Benefits (Salary Continuation, Sick Pay, Social Security Disability Income, or Worker's Compensation) from any other source? If "yes," from whom?

Please submit a copy of your payment statement with this form. Please have your treating physician complete the ATTENDING PHYSICIAN STATEMENT, PART 2 and your employer complete the EMPLOYER'S STATEMENT, PART 4

Section E DISABILITY CLAIM FOR ROUTINE PREGNANCY (5 weeks for vaginal delivery, or 8 weeks for C-Section)

If disabled due to complications of pregnancy, before or after delivery, please complete Section D.

Date of Delivery: MO/DAY/YR First Date of Treatment: MO/DAY/YR Type delivery: ☐ Vaginal ☐ C-SectionDates of Hospital Confinement: MO/DAY/YR Name of Hospital: Phone No.: Physician's Name: Phone:
Address: Fax: Treating Physician's Signature: Date: Tax Identification No.: Referring Physician: MO/DAY/YR Phone No.: Mailing Address:

PART 4

EMPLOYER'S STATEMENT

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

1. I hereby certify that Thomas Contreras did not perform any part of his/her work from, Sept. 27, 2007 through, Feb 1, 2008.

2. Did insured work light duty or part-time? ☐ Yes ☒ No If yes, give dates _____

3. Prior to inability to work, he/she worked 56 hours per week and is considered ☐ exempt or ☒ non-exempt.

4. When recovered, will he/she resume work? ☒ Yes ☐ No If not why? _____

5. Is this a Workers' Compensation case? ☐ Yes ☒ No Date Workers' Compensation benefits began 1/1 1/1

Name of Workers' Compensation Company _____

6. Section 125: Were the premiums for our disability income policy paid with pre-tax dollars under a Section 125 Plan? ☐ Yes ☒ No

7. Is the employee receiving or has he/she received continued pay? ☒ Yes ☐ No If yes, please complete the following:

Pay Period		Amount	Source of Income
From	To		
9/22/07	10/05/07	1724.70	
10/6/07	10/19/07	1724.69	
10/20/07	11/02/07	1724.70	
11/3/07	11/16/07	1724.68	
11/17/07	11/30/07	1724.66	
12/1/07	12/14/07	1724.69	
12/15/07	12/28/07	1724.70	
			Accrued vacation and sick leave
			11
			11

8. Is the employee covered under any other disability policy through the company? No

9. Has employee returned to work? ☐ Yes ☐ No If yes, give date: 1/1 1/1

MO/DAY/YR

10. The employee's job title or position is: Captain III

11. Current Salary or Hourly Rate: 44,841.93 (14.9973 hrly rate)

Remarks: _____

Name of Employer: St. John's Fire District Date: 03/04/2008

MO/DAY/YR

Address: P.O. Box 56, Johns Island, SC 29457

By: Shirone King Official Position: Bookkeeper Telephone number: 843.559-9194

NOTE: Please make a copy of the patient's signed authorization to release information for your records.

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Important: To avoid delay, please sign authorization below.

Note: Due to Internal Revenue Service requirements concerning social security number verification and backup withholding requirements, this form is required to be completed prior to claim payment. Check to be sure that all information is correct before signing.

1. Section 125: Were the premiums for your disability income policy paid with pre-tax dollars under a Section 125 Plan? ☐ Yes ☒ No (If in doubt, please ask your employer.)

Taxpayer Identification Number Certification

2. Federal law requires us to send to the Internal Revenue Service a percentage of any income you may be entitled to unless you certify under penalties of perjury that you have shown your correct Social Security Number and you have not been notified that you are subject to any Internal Revenue Service backup withholding order.

Under penalties of perjury, I certify that:

- A. The Social Security Number shown in Section A line (1) is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
B. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding, and
C. I am a U.S. person (including a U.S. resident alien).

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me (or my dependents) to give such information to American Heritage Life Insurance Company or its designee. This authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying American Heritage Life in writing of my desire to do so. A photographic copy of this authorization shall be as valid as the original, regardless of date signed. I understand that I or my representative may receive a copy of this authorization by supplying policy number(s) and insured's name in a written request to the company.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Sign here _____ Date: _____ ☐ Check here if address is new

Street Address: _____ City: _____ State: _____ Zip: _____ Telephone No.: () _____

NOTICE IN ALASKA, ARKANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, AND VIRGINIA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

NOTICE IN DELAWARE, IDAHO, INDIANA, MINNESOTA, NEW HAMPSHIRE, AND OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

NOTICE IN CALIFORNIA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE IN ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE IN FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE IN OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE IN PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE IN DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE IN TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE IN TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

121 002/003

South Carolina Retirement Systems

EMPLOYER NOTIFICATION OF DISABILITY APPROVAL

KARL RISTOW
ST JOHNS FIRE DISTRICT
PO BOX 56
JOHNS ISLAND SC 29455-0056

SSN: 117-58-7478
Appl ID: 117587473-2-4-1
System: PORS
Type: Disability
Date: February 09, 2011

Your employee, THOMAS CONTRERAS, was approved for disability retirement benefits on 02/09/2011. With this fax transmission we have included an Employer Certification of Last Day Paid (Form 6201). Please complete the Employer Certification of Last Day Paid and fax it to South Carolina Retirement Systems within three business days. Our fax number is (803) 737-7752.

Since you must certify the last day paid before your employee can begin receiving disability retirement benefits, we appreciate your prompt response so that the benefits your employee is due will not be delayed.

Sections 9-1-1540, 9-9-65, and 9-11-80 of the South Carolina Code of Laws require that a disability retiree have an effective retirement date no earlier than 30 days after the application was filed and no later than 9 months after the application filing date. If your employee does not come off your payroll within 9 months of the date the application was received by South Carolina Retirement Systems, no retirement benefits can be paid and our office will stop processing the claim.

If you have already submitted the Form 6201, have any questions, or would like any further assistance, please call SCRS Customer Service at 1-800-868-9002 or (803) 737-6800. On behalf of your employee, we thank you for your prompt response to this request.

State Budget and Control Board • South Carolina Retirement Systems
Fontaine Business Center • 202 Arbor Lake Drive • Post Office Box 11960 • Columbia, South Carolina 29211
803-737-6800 • 800-868-9002



"Occupational Medicine Specialist"
"Doctors and More"

Bruce S. Skinner, M.D., AAMRO
Internal Medicine
Associate Medical Director

CORPORATE OFFICES
3625 W. Montague Avenue
P.O. Box 62945
N. Charleston, SC 29419-2945

Phone (843) 207-7130
1-866-282-7935
Fax (843) 207-8633

9/30/09

To: Chief Stanley

From Bruce Skinner AOH

Fax 559-3687

I have circled the
pertinent section 6.14.1.7
regarding shoulder situations

Thanks

Bruce Skinner MD

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1582-12

COMPREHENSIVE OCCUPATIONAL MEDICAL PROGRAM FOR FIRE DEPARTMENTS

6.13.2 Category B medical conditions shall include the following:

- (1) Diseases of the kidney
- (2) Diseases of the ureter, bladder, or prostate

6.13 Spine and Axial Skeleton.

6.13.1 Category A medical conditions shall include the following:

- (1) Scoliosis of thoracic or lumbar spine with angle greater than or equal to 40 degrees
- (2) History of spinal surgery involving fusion of two or more vertebrae, or rods that are still in place
- (3) Any spinal or skeletal condition producing sensory or motor deficit(s) or pain due to radiculopathy or nerve root compression
- (4) Any spinal or skeletal condition causing pain that frequently or recurrently requires narcotic analgesic medication
- (5) Cervical vertebral fractures with multiple vertebral body compression greater than 25 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (partial, moderate, severe), abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
- (6) Thoracic vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (severe — with or without surgery), abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
- (7) Lumbosacral vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (partial, moderate, severe), fragmentation, abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
- (8) Any spinal or skeletal condition that results in the candidate not being able to safely perform one or more of the essential job tasks

6.13.2 Category B medical conditions shall include the following:

- (1) Congenital or developmental malformations of the back, particularly those that can cause instability, neurological deficits, pain, or limit flexibility
- (2) Scoliosis with angle less than 40 degrees
- (3) Arthritis of the cervical, thoracic, or lumbosacral spine
- (4) Facet atrophism, high lumbosacral angle, hyperlordosis, Schmorl's nodes, Scheuermann's disease, spinous bifida occulta, spondylolisthesis, spondylolysis, or transitional vertebrae
- (5) History of infections or infarcts in the spinal cord, epidural space, vertebrae, or axial skeletal joints
- (6) History of discectomy or laminectomy or vertebral fractures

6.14 Extremities.

6.14.1 Category A medical conditions shall include the following:

- (1) Bone hardware such as metal plates or rods supporting bone during healing
- (2) History of total joint replacement
- (3) Amputation or congenital absence of upper-extremity limb (hand or higher)

- (4) Amputation of either thumb proximal to the mid-proximal phalanx
- (5) Amputation or congenital absence of lower-extremity limb (foot or above)
- (6) Chronic non-healing or recent bone grafts
- (7) History of more than one dislocation of shoulder without surgical repair or with history of recurrent shoulder disorders within the last 5 years with pain or loss of motion, and with or without radiographic deviations from normal
- (8) Any extremity condition that results in the candidate not being able to safely perform one or more of the essential job tasks

6.14.2 Category B medical conditions shall include the following:

- (1) History of shoulder dislocation with surgical repair
- (2) Significant limitation of function of shoulder, elbow, wrist, hand, or finger due to weakness, reduced range of motion, atrophy, unequal length, absence, or partial amputation
- (3) Significant lack of full function of hip, knee, ankle, foot, or toes due to weakness, reduced range of motion, atrophy, unequal length, absence, or partial amputation
- (4) History of meniscectomy or ligamentous repair of knee
- (5) History of intra-articular, malunited, or nonunion of upper or lower extremity fracture
- (6) History of osteomyelitis, septic, or rheumatoid arthritis

6.15 Neurological Disorders.

6.15.1 Category A medical conditions shall include the following:

- (1) Ataxias of heredo-degenerative type
- (2) Cerebral arteriosclerosis as evidenced by a history of transient ischemic attack, reversible ischemic neurological deficit, or ischemic stroke
- (3) Hemiparesis or paralysis of a limb
- (4) Multiple sclerosis with activity or evidence of progression within previous 5 years
- (5) Myasthenia gravis with activity or evidence of progression within previous 5 years
- (6) Progressive muscular dystrophy or atrophy
- (7) Uncorrected cerebral aneurysm
- (8) All epileptic conditions including simple partial, complex partial, generalized, and psychomotor seizure disorders other than as allowed in 6.15.7.1
- (9) Dementia (Alzheimer's and other neurodegenerative diseases) with symptomatic loss of function or cognitive impairment (e.g., less than or equal to 28 on Mini-Mental Status Exam)
- (10) Parkinson's disease and other movement disorders resulting in uncontrolled movements, bradykinesia, or cognitive impairment (e.g., less than or equal to 28 on Mini-Mental Status Exam)
- (11) Any neurological condition that results in the candidate not being able to safely perform one or more of the essential job tasks

6.15.1.1 A candidate with epileptic conditions shall have had complete control during the previous 5 years.

6.15.1.2 To be medically qualified a candidate shall meet all of the following:

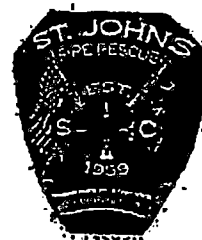
- (1) No seizures for 1 year off all anti-epileptic medication or 5 years seizure free on a stable medical regimen

ST. JOHN'S FIRE DISTRICT

COMMISSIONERS:

JOHN HART, Chairman
ERIC BRITTON, Vice-Chairman
THOMAS KULICK
SUSANNE HOLLOMAN
ALBERT THOMPSON
SAMUAL BROWNLEE
GENEVA SMITH

P.O. BOX 56
3327 Maybank Hwy.
JOHNS ISLAND, S.C. 29455
PHONE: (843) 559-9194
FAX: (843) 559-3687



KARL E. RISTOW, Fire Chief

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Fay Jennings	Chief Stanley
COMPANY:	DATE:
State Accident Fund	JANUARY 24, 2011
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
803-612-2753	3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

X URGENT
COMMENT
RECYCLE

☐ FOR REVIEW
☐ PLEASE REPLY

☐ PLEASE
☐ PLEASE

Notes/Comments:

Please see attached medical report on Thomas Contreras – his final return to work status states "PERMANT".

We are using the January 21, 2011 date as his final date of employment with St. John's Fire District.

FAXED
+ MAILED
TO FAY
11/24/11

ROPER ST FRANCIS HEALTHCARE

Facility:
Palmetto Orthopaedics of Charleston

Facility Address:
615 Wesley Drive, Suite 100
Charleston, SC 29407

FAX COVER SHEET

Date:	From:
To:	Department:
Firm:	Phone:
Phone Number:	Total No. of Pages With Cover:
Fax Number:	Re:
☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY	

Notes/Comments:

A not-for-profit health care organization, Roper St. Francis Healthcare is known for delivering high quality healthcare through innovative programs, technologies and practices that produce better outcomes. The 594-bed system comprises more than 20 facilities in four counties. Member hospitals include Bon Secours St. Francis Hospital and Roper Hospital. The organization, which contributes nearly \$50 million annually in direct community support, is Charleston's largest private employer with more than 3,300 employees.

PRIVILEGED AND CONFIDENTIAL COMMUNICATION

This message is intended only for use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are not the intended recipient or responsible for delivering this message to the intended recipient, please be aware that any dissemination, distribution or copying of this communication is prohibited. If you have received this message in error, please notify us immediately by calling the phone number listed above. Please return the original message to us at the above address via US mail. We will be happy to reimburse you for the postage. Thank You.

20

Palmetto Orthopaedics
of Charleston
 ROYER ST. FRANCIS PHYSICIANS

Date: 1-20-11Patient Name: Thomas Carthage was seen in our office on
today with a diagnosis of the shoulderWork Related Injury? NOYES, DOE: Oct. 2008

RETURN TO WORK STATUS:

FULL DUTY RESTRICTED DUTY - SEE RESTRICTIONS BELOW

RETURN DATE: _____

☒ MAY NOT RETURN TO WORK UNTIL PERMANENT

RETURN APPOINTMENT FOR RE-EVALUATION: _____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

NO LIFTING MORE THAN _____ LBS.NO OVERHEAD LIFTINGGROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHINGNO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING*****NO MORE THAN _____ HOURS/DAY*****
 MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)
 *****NO MORE THAN _____ HOURS/DAY*****

LIMITED USE OF: _____

NO USE OF: _____

SCHOOL EXCUSE:

RETURN TO SCHOOL ON: _____

NO PE AND/OR SCHOOL SPORTS UNTIL _____

*****ADDITIONAL COMMENTS:*****
 _____PHYSICIAN SIGNATURE: [Signature] 1-20-11

Waddell H. Ginnion III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McInnes, MD
 280 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29564
 Phone: (843) 884-0302 Fax: (843) 849-9308

615 Wexley Drive, Suite 100, Charleston, South Carolina 29407
 Phone: (843) 763-2857 Fax: (843) 763-2868

TRANSMISSION VERIFICATION REPORT

TIME : 01/24/2011 13:22
NAME :
FAX :
TEL :
SER.# : 000GBJ980219

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

01/24 13:21
18036122753-3592
00:00:56
03
OK
STANDARD
ECM

245

**Compendium
Services Inc.****MEDICAL EVENT REPORT FOR: Thomas Contreras 117587473**

Case Manager: Kathrene Averette Authorization Number: 06041184704199
Claimant Name: Thomas Contreras SSN: 117587473
Date of Injury: 10/8/2008 17:32 Date of Birth: 9-25-1961
Provider: Palmetto Orthopedics of Charleston
Physician: Palmetto Orthopedics of Charleston
Address: 615 Wesley Drive, Suite 100
City: Charleston SC 29407
Phone: 843-763-2857
Date of Visit: 1/21/2011
Body Part/Diagnosis:
Assessment: Palmetto Orthopedics of Charleston - 1/21/11 - ADDENDUM: Mr. Contreras has an 11% permanent shoulder impairment and a 7% right upper extremity impairment, which is converted to a 4% whole person impairment. James R. DeMarco, M.D.
Plan of Treatment:
Work Status:
Test Ordered: Referrals:
RX Written: Next Appt:

JUL 6

ACCIDENT/SICKNESS CLAIM REPORT

Please Complete and Mail To:

PLEASE COMPLETE THIS FORM
IN FULL FOR BEST SERVICE



VFIS
P.O. Box 5126, York, Pennsylvania 17405-9726
Call (717) 741-0911 • Toll Free: (800) 233-1957
Fax (717) 747-7051

NOTE: IMPORTANT STATE INFORMATION
ON REVERSE SIDE

DATE OF THIS REPORT 11/15/2010

BE COMPLETED BY INJURED PERSON

me THOMAS CONTRERAS

me Address 363 LANTANA DR

City CHAR State SC Zip 29407

ite of Accident or Organization's Activity

ite of Birth 9/25/61 Sex M Weight 200 Height 5'8" Marital Status M

II-Time/Regular Occupation INVESTIGATOR Income: Weekly _____ Yearly _____

ime and address of full-time employer ST. JOHN'S FIRE DEPT. 3327 MAYBANK HWY

SON'S ISLAND SC 29455

mployer Telephone No. 843-559-9194 Length of employment in this work 22 YRS

ease completely answer the next three questions:

What activity were you involved in when injured or became ill?

PHYSICAL FITNESS

How did accident or sickness occur?

LIFTING WEIGHTS

What is your injury or sickness?

TORN LABRUM

ive date of first day of full-time occupation missed due to above accident and sickness _____

ive date you were able to return to work _____

ttending Physician's Name, Address and Telephone Number _____

ame and Address of Hospital

ST FRANCIS / ROYAL HOSPITAL

Dates Hospitalized

From _____ Year _____
To _____ Year _____

AUTHORIZATION TO DOCTOR, HOSPITAL, CLINIC, OR WORKERS' COMPENSATION CARRIER TO RELEASE MEDICAL INFORMATION

Please furnish VFIS, Inc. with information they may request regarding details of my past medical history and physical condition. A photostatic copy of this authorization shall be considered as valid as the original. Your help is greatly appreciated.

P. CONTRERAS
Signature of Injured Member or Next of Kin

Self
Relationship

11/15/10
Date

TO BE COMPLETED BY OFFICIAL OF NAMED INSURED ORGANIZATION (must be other than Injured Person)

• Was the injured person a member of your organization at the time of the above described incident? Yes No

• If claimant is a member of organization, please circle type of member: junior adult auxiliary (Circle one)

• Was the injured person engaged in an authorized activity of your organization at the time of injury or commencement of sickness? Yes No

• Name and Address of Insured Organization ST JOHN'S FIRE DISTRICT • Policy Number FP-544-0920-0

PO BOX 56 • Organization Telephone Number 843-559-9194

JOHN'S ISLAND, SC 29457 • Home Telephone Number of Official Signing Below _____

I certify that the above is true.

• Signed Darryl H. Bezda • Title Finance/Office Mgr • Date 11-15-2010

Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

Copy to
✓ FIS

Date: 1-20-11

Patient Name: Thomas Carhays was seen in our office on
today with a diagnosis of flu shoulder

Work Related Injury? NO ✓ YES, DOI: Oct. 2008
RETURN TO WORK STATUS:

 FULL DUTY RESTRICTED DUTY - SEE RESTRICTIONS BELOW

 RETURN DATE

✓ MAY NOT RETURN TO WORK UNTIL PERMANENT

 RETURN APPOINTMENT FOR RE-EVALUATION

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

 NO LIFTING MORE THAN LBS.

✓ NO OVERHEAD LIFTING

 GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

 NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

 NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN HOURS/DAY*****
 MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)
*****NO MORE THAN HOURS/DAY*****

 LIMITED USE OF:

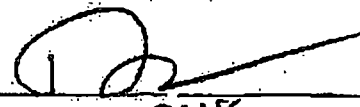
 NO USE OF:

SCHOOL EXCUSE:

 RETURN TO SCHOOL ON:

 NO PE AND/OR SCHOOL SPORTS UNTIL

ADDITIONAL COMMENTS:

PHYSICIAN SIGNATURE:  1-20-11

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**St. John's Fire District
Employee Out Processing Checklist**

TOMMY CONIKERAD
LAST DAY 1/21/2011

On the last day of his/her employment with the District, the exiting employee will meet with the Assistant Chief of Operations or his/her designee to return all Department owned equipment. The Assistant Chief shall initial next to each item on the following equipment list to indicate it was returned. The exiting employee will then meet with the Office Manager or his/her designee to review the administrative items on the list. The Office Manager shall initial next to each item as it is discussed. Finally, the exiting employee may request an exit interview with the Fire Chief or his/her designee. All parties involved in the out processing shall sign this list as acknowledgement that these items have been discussed and that the employee understands them. Finally, the Asst. Chief and Office Manager will complete the notifications and initial when accomplished. Once completed, the checklist should be given to the Payroll Accountant or Office Manager for filing.

EQUIPMENT TO BE RETURNED:

- ☒ Department Identification cards (3 issued)
- ☒ Keys (1 key for station and any other specialized keys)
- ☒ Pager
- ☒ Portable radio
- ☒ Chargers
- ☒ Cell phone, if applicable.
- ☒ Work uniforms (T-shirts, work pants, boots, belt, work coat) Also all work out gear
- ☒ Dress uniform (pants, dress shirt, shoes, tie, belt)
- ☒ Bunker gear (pants, coat, boots, gloves, hood, helmet, safety glasses)
- ☒ Employee handbook
- ☒ Any and all other specialized equipment that has been issued to employee

ADMINISTRATIVE ITEMS TO BE REVIEWED:

- ☒ Update contact information if necessary
- ☒ COBRA paperwork for health and dental benefits and, if applicable Flex Plan
- ☒ Standard Life Insurance Company group conversion request
- ☒ PORS or SCRS refund request paperwork including Leaving Covered Employment Brochure
- ☒ 401(k) distribution paperwork, if applicable (Distribution Request form, Distribution Options write-up, Special Tax Notice)
- ☒ Termination of voluntary insurance deductions, if applicable
- ☒ Final paycheck including any unused annual leave balance
(check mailed _____, direct deposit with stub mailed on _____) **DIR DEP**
- ☒ If requested, copy of personnel file
- ☒ 1% funds (handled by fire personnel representatives)
- ☒ Termination of access to: vendor accounts, computer network, long distance and security systems
- ☒ If military leave, make sure copy of orders are on file.
- ☒ Make sure final timesheet and/or attendance records are complete and accurate
- ☒ Check with Training to insure no outstanding reimbursements owed.

EXIT INTERVIEW, if requested:

- ☐ Interview conducted on _____ by _____

By signing below, I acknowledge that these items have been discussed and understood.

Tommy Conikerad

Assistant Chief of Operations or Designee

2-3-11
Date

Dawn Bigala

Office Manager or Designee

2/3/11
Date

T. Conikerad

Exiting Employee

2/3/11
Date

NOTIFICATIONS TO BE MADE BY ASSISTANT CHIEF:

- ☒ South Carolina Firefighter Separation paperwork w/ State Fire Marshal

NOTIFICATIONS TO BE MADE BY OFFICE MANAGER:

- ☒ Separation Information to S.C. State Firemen's Association Done by Scott Bernard
- ☒ Prepare Employee Termination Notification Form for 401(k) Plan
- ☒ Notify District computer administrator to remove from District email account.
- ☒ Notify Admin America of term.w/ 5days If Flex Plan Partic.(email: changes@admlnamerica.com or fax 770-892-0723)

** Final check
was picked up
02/11/2011.
Bak*

Palmetto Orthopaedics
of Charleston
ROPER, ST. FRANCIS PHYSICIANS

Date: 1-21-11

Patient Name: Thomas Carthage was seen in our office on
today with a diagnosis of the shoulder

Work Related Injury? NO

YES, DO: Oct. 2008

RETURN TO WORK STATUS:

FULL DUTY RESTRICTED DUTY - SEE RESTRICTIONS BELOW

RETURN DATE: _____

☒ MAY NOT RETURN TO WORK UNTIL PERMANENT

RETURN APPOINTMENT FOR RE-EVALUATION _____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

NO LIFTING MORE THAN _____ LBS.

NO OVERHEAD LIFTING

GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____ HOURS/DAY*****

MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)

*****NO MORE THAN _____ HOURS/DAY*****

LIMITED USE OF: _____

NO USE OF: _____

SCHOOL EXCUSE:

RETURN TO SCHOOL ON: _____

NO PE AND/OR SCHOOL SPORTS UNTIL _____

ADDITIONAL COMMENTS: _____

PHYSICIAN SIGNATURE: _____



1-20-11

Waddell H. Gilman III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McInerney, MD
280 Wingo Way, Suite 201, Mt. Pleasant, South Carolina 29464
Phone: (843) 864-0502 Fax: (843) 864-9208

615 Wilecy Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

Close out as of
Jan 21, 2011

Co. File# Clock Number
SMG000178 00420036

Worked In Dept: S00
Home Dept: S00

St John's Fire Distr

Earnings Statement

Period End: 10/15/2010
Pay Date: 10/22/2010

Thomas Contreras
363 Lantana Dr
Charleston, SC
29407

Earnings	Code	Field #	Hours	Amount
Regular			39.00	899.73
	S - Sick	3	41.00	945.87
Gross Pay				1,845.60

Deductions	Statutory	Amount
Federal Income Tax		121.57
Social Security		113.00
Medicare		26.43
State Worked In: South Carolina	SC	88.49
	Other	Amount
	K - 401k	85.00
	A - Amer Heritage	12.06
	V - Checking	1,256.01
	I - Insurance	23.08
	R - Scprs-sc Rtrmn	119.96
Net Pay		0.00

12 OCT

Memos	Code	Amount

251

Co. File # Clock Number
SMG000178 00480052

Worked In Dept: S00
Home Dept: S00

St John's Fire Distr

Earnings Statement

Period End: 11/26/2010
Pay Date: 12/03/2010

Thomas Contreras
363 Lantana Dr
Charleston, SC
29407

Earnings	Code	Field #	Hours	Amount
	L - Longevity	3		6,305.68

Gross Pay				6,305.68

Deductions	Statutory	Amount
Federal Income Tax		1,160.38
Social Security		389.52
Medicare		91.10
State Worked In: South Carolina	SC	409.10
	Other	Amount
	K - 401k	85.00
	A - Amer Heritage	12.06
	V - Checking	4,135.43
	I - Insurance	23.08

Net Pay		0.00

Memos	Code	Amount

257

Amount

6,305.68

6,305.68

Amount

1,160.35

389.52

91.10

409.10

Amount

85.00

12.08

4,135.43

23.08

0.06

Amount

1/31/11

Tommy Contreras
status

Currently his doctor
says he can not
get to work eff. 1/21/11

However he is still
employed until he
is released by
Wick's camp

SCRS should have an
answer by 2/29/11
as to the disability
retirement

769-4429

253

C-2 & I spoke w/ J.C.
on 2/1/11 & explained
that his effective last
day of employment would
be 1/21/11 the date in
his physician statement.

He said he would have
to verify w/ SERS that
that date would not
affect his retirement
paperwork that has yet
to be approved.

He called back
later & said they
confirmed what he
had told him & he
was coming in next
to our process.

He was also told by
us that his Wker's Comp
claim would remain
open until he signs

a settlement of them.

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St. John's Fire District
Physician's Statement

Section A

I, (Print Employee's Name) Tommy CONTRERAS
do hereby grant permission to my employer, The St. John's Fire District, to verify the
specific information contained below, from my Health Care Provider (the attending
Physician),
(Print Name of Health Care Provider) David W. Serrano, MD
and grant permission to my Health Care Provider to release the specific information
contained within this form upon the request of my employer. I also understand that the
information contained within this form shall be fully and accurately completed, and that
failure to do so will render this form invalid.

Signature of Employee _____ Date _____

Section B

Below To Be Completed By The Health Care Provider Only (Please Print)

1. Name of Attending Physician: David W Serrano, MD
2. Business Address and Phone: 3312 Maybank
29455
3. Name of Patient Treated/Examined: Thomas Contreras
4. The attending Physician declares that on (Date) 1/11/10 (Time) 4:10 PM
he/she made a personal examination and diagnosis of the patient.
5. Was employee able to return to work immediately after treatment/examination?
Yes ☒ No ☐ If No, please clearly indicate in the space provided below, the
date and time the employee may safely return to duty. (Date) 1/13/10
(Time) am
6. Upon returning to work, are there any concerns associated with either the
Patient's condition, or treatment, which may result in workplace dangers to the
Patient or coworkers? Yes ☐ No ☒
If Yes, please describe dangers _____

7. Was the employee placed on work restrictions? Yes ☒ No ☐
 If Yes, explain 1/11 - 1/13/10

8. Was employee given a follow-up appointment? Yes ☐ No ☒
 If Yes, give date and time of appointment. (Date) _____ (Time) _____
 Were other appointment dates available? Yes ☐ No ☐

Comments: _____

Signature and Date of Attending Physician or Designee: [Signature] 1/14/10

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St. John's Fire District

PO Box 56

Johns Island, SC 29457

843-559-9194

843-559-3687 (fax)



Policy Number 617H314400

OSHA's Form 301

Injury and Illness Incident Report

Information about the employee

Full Name: Thomas Contreras

Address: 363 Lantana dr Chas sc 29407

Date Of Accident: 10/8/08

Date Of Birth: 9/25/61

Location of Accident: Station 4

Date Of Hire: 9/88

Occupation: firefighter

Marital Status: ☒ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Unknown

Employee Social Security #: 117-58-7473

☒ Male ☐ Female

Information about the physician or other health care professional

Name of physician or other health care professional:

If treatment was given away from the worksite, where was it given?

Facility:

Street:

City:

State:

Zip:

Was employee treated in an emergency room?

☐ Yes ☐ No

Was employee hospitalized overnight as an in-patient?

☐ Yes ☐ No

Information about the case

Case number from the Log:

** (Transfer the case number from the Log after you record the case.)*

Date of injury or illness: 10/8/08

Time employee began work: 0800AM/PM

Time of event: 1732

AM/PM ☐ Check if time cannot be determined

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Example: "climbing a ladder while carrying roofing materials." lifting weights

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What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time." I was lifting weights after about the fourth session I felt a pull on my left shoulder.

What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome." My right shoulder. I feel pain in the back and top of my shoulder.

What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

If employee died, when did death occur? Date of death.

Wage Information

Rate: PBR: ☐ Hour ☐ bi-weekly (26 Pays) ☐ Annual

Date Return(ed) To Work: Full Pay For Day Of Injury (VAC/Sick)? ☐ Yes ☐ No

Witness Information

Name:
Address:
Phone Number:

Report Completed By

Name:
Title:
Phone Number:

Date:

259



ORTHOPAEDIC SPECIALISTS
of
CHARLESTON

93 Henry Tecklenburg Drive
Rte 201
Charleston, South Carolina 29414

appointments
(843) 958-2600

April 4, 2008

administration
(843) 958-2501

(843) 958-2681

LETTER OF MEDICAL NECESSITY

Dr. K. Aymond, M.D.

To: Allstate Workplace Division

Dr. M. Caldwell, M.D.

Re: Thomas Contreras

Dr. M. J. Ernst, M.D.

Dr. M. Graham, Jr., M.D.

Dr. L. Ray, M.D. - Emeritus

Dr. T. McConnell, III, M.D.

Dr. J. McCrosson, M.D.

Dr. C. McIntosh, Jr., M.D.

Dr. William Mulbry, Jr., M.D.

Dr. L. Price, Jr., M.D.

Dr. Michael J. Shreffel, M.D.

Dr. Eph D. Thompson, Jr., M.D.

Dr. L. Bailey, PA-C

William E. Olmstead, Administrator

I am the treating Orthopedic Surgeon for Thomas Contreras who sustained a Left Ankle injury on September 27, 2007. As a result, Mr. Contreras had a debilitating third degree ankle sprain that required a series of interventions and physical therapy. From December 21, 2007 through February 2, 2008 he was not able to perform his required job duties. He has a follow up appointment scheduled with me on April 4, 2008 to check his progress.

Please contact my office if there are additional questions or concerns.

Sincerely,

Blake L. Ohlson, M.D.
BLO
Orthopedic Spec. Of Charleston
(843) 958-2500
(843) 958-2678 Fax

LOCATIONS:

Mount Pleasant
Cooper Medical Center
20 Hospital Drive, Suite 150
Mount Pleasant, South Carolina 29464

North Charleston
21-A Tricorn Street
Charleston, South Carolina 29406

West Ashley
Franklin Medical Office Building
93 Henry Tecklenburg Drive
Rte 200
Charleston, South Carolina 29414

2008

PART 1

EMPLOYER'S STATEMENT

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

1. I hereby certify that Thomas Contreras did not perform any part of his/her work from, Sept 27, 2007 through, Feb 1, 2008.

2. Did insured work light duty or part-time? ☐ Yes ☒ No If yes, give dates _____

3. Prior to inability to work, he/she worked 56 hours per week and is considered ☐ exempt or ☒ non-exempt.

4. When recovered, will he/she resume work? ☒ Yes ☐ No If not why? _____

5. Is this a Workers' Compensation case? ☐ Yes ☒ No Date Workers' Compensation benefits began 1/1 1

Name of Workers' Compensation Company _____

6. Section 125: Were the premiums for our disability income policy paid with pre-tax dollars under a Section 125 Plan? ☐ Yes ☒ No

7. Is the employee receiving or has he/she received continued pay? ☐ Yes ☐ No If yes, please complete the following:

Pay Period		Amount	Source of Income
From	To		
<u>12/29/07</u>	<u>1/11/08</u>	<u>1724.70</u>	<u>Accrued Vacation and Sick Leave</u>
<u>1/12/08</u>	<u>1/25/08</u>	<u>1724.69</u>	<u>" " "</u>

8. Is the employee covered under any other disability policy through the company? NO

9. Has employee returned to work? ☒ Yes ☐ No If yes, give date: 2/02/08

10. The employee's job title or position is: Captain III

11. Current Salary or Hourly Rate: 44,841.93 Annual (14.9973 hourly)

Remarks: _____

Name of Employer: St. John's Fire District Date: 04, 11, 2008

Address: P.O. Box 56, Johns Island, SC 29457

By: Louanne King Official Position: Bookkeeper Telephone number: 843.539-9194

NOTE: Please make a copy of the patient's signed authorization to release information for your records.

WCC FORM 12-A REV. DATE 3/95

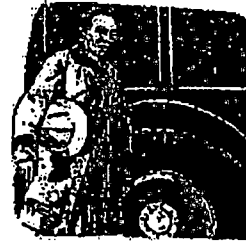
26.2
467

OPERATIONS CHIEF
Jackie Stanley
BATTALION CHIEFS
James Parham, A-Shift
Wayne Carter, B-Shift
Scott Benard, C-Shift
MAINTENANCE
Willie Crooms
Bill Thompson
Den Colburn
COMMUNICATIONS
Brenda Mitchell

ST. JOHNS FIRE & RESCUE OPERATIONS DIVISION

P.O. BOX 56
JOHNS ISLAND, S.C. 29457

PHONE: (843) 559-9194
FAX: (843) 559-3687



INCIDENT INVESTIGATION REPORT

REPORT DATE: 10-08-08

INCIDENT DATE: 10-08-08

SHIFT: C

BATTALION CHIEF: Probo

INVESTIGATED BY: Probo

UNIT(S) INVOLVED: N/A

INCIDENT LOCATION: Station 4

WITNESSES: FF Syzmaczek

EXPLANATION OF INCIDENT: While lifting wieghts Captain Tommy Contreras felt something pull in his right shoulder.

DAMAGE ASSESSMENT: N/A

ACTION TAKEN: Captain Contreras was taken to St. Francis hospital for evaluation and given a drug test.

CORRECTIVE ACTION RECOMMENDED: N/A

CONCLUSION: It is inconclusive as to whether proper lifting techniques were used or it was something unaviodable. Captain Contreras was advised by the doctor to use care when lifting wieghts.

ADDITIONAL INFORMATION:

MEMBER MAKING REPORT:

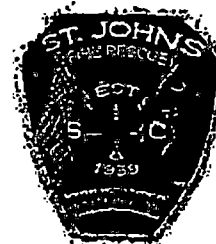
263

ST. JOHN'S FIRE DISTRICT

COMMISSIONERS:

JOHN HART, Chairman
ERIC BRITTON, Vice-Chairman
THOMAS KULICK
SUSANNE HOLLOMAN
ALBERT THOMPSON
SAMUAL BROWNLEE
GENEVA SMITH

P.O. BOX 56
3327 Maybank Hwy.
JOHNS ISLAND, S.C. 29455.
PHONE: (843) 559-9194
FAX: (843) 559-3687



KARLE RISTOW, Fire Chief

FACSIMILE TRANSMITTAL SHEET

TO: LuLa	FROM: Chief Jackie Stanley
COMPANY: State Accident Fund	DATE: OCTOBER 14, 2010
FAX NUMBER: 803-612-2793	TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: Form 20	YOUR REFERENCE NUMBER:

☐ URGENT

☐ FOR REVIEW
☐ PLEASE REPLY

☐ PLEASE COMMENT
☐ PLEASE RECYCLE

Notes/Comments:

This is an updated Form 20 on our employee Thomas Contreras. His original injury was in 2008. He has been on light duty up until October 11, 2010 when he had a follow-up surgery for the original injury.

Combined Average Weekly Wage and Compensation Rate

RE: Thomas Contreras v. St Johns Fire Dist Comm

WCC#: 0822640

Date of Accident: October 8, 2008, which is in the 4th quarter of 2008

Employer #1, St. John's Fire District, pursuant to Form 20:

AWW: \$993.49

CR: \$662.36

Employer #2, AMF Triangle Lanes, Pursuant to S.C. Employment Security Commission:

AWW: \$180.71

CR: \$120.47

Combined Average Weekly Wage: \$1,174.20

Combined Compensation Rate: \$782.83, which equates to the maximum compensation rate for the year of 2008, in the amount of \$661.29

265



WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: 57-6008015

Claimant's Name: Thomas Contreras SSN: 117-58-7473 Employer's Name: St. John's Fire District
Address: 363 Lantana Dr. Address: P.O. Box 56
City: Charleston State: SC Zip: 29407 City: Johns Island State: SC Zip: 29457
Home Phone: (843) 769-4429 Work Phone: (843) 559-9194 Insurance Carrier: State Accident Fund
Preparer's Name: Jackie Stanley Preparer's Phone #: (843) 559-9194

Date of Injury: 10-08-2008
month day year

A. Total Wages Paid

1. Check Applicable Method:

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

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

Quarter	Ending Date	Total Wages Paid
1st	<u>9/30/2008</u>	<u>\$13,182.59</u>
2nd	<u>6/30/2008</u>	<u>\$11,905.06</u>
3rd	<u>3/31/2008</u>	<u>\$11,773.37</u>
4th	<u>12/31/2007</u>	<u>\$14,800.20</u>

Total Paid 2. \$0.00 51,661.22

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

4. Add lines 2 and 3.

TOTAL WAGES PAID: 4. \$0.00 51,661.22

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE: 6. \$ 993.49

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

7. \$0.00 662.36

8. The compensation rate is as follows (choose one):

- ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8.
☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. \$ 662.36

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

20
July

RE: Thomas Contreras v. St Johns Fire Dist Comm

WCC#: 0822640

Date of Accident: October 8, 2008, which is in the 4th quarter of 2008

Average Weekly Wage and Compensation rate for AMF Bowling for the 52 weeks prior to Claimant's October 8, 2008, accident at work:

3rd quarter of 2008: \$1,876.16

2nd quarter of 2008: \$2,603.13

1st quarter of 2008: \$2,320.16

4th quarter of 2007: \$2,597.78
\$9,397.23

\$9,397.23 divided by 52 weeks = \$180.71

Average Weekly Wage: \$180.71

\$180.71 times two and divided by three = \$120.47

Compensation Rate: \$120.47

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SSN Wage Record Inquiry

SSN [REDACTED]-7473

Name	Acct #	Employer Name	Report Type	Year	Qtr - 1	Qtr - 2	Qtr - 3	Qtr - 4
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2012	\$549.30	\$309.33	\$473.86	\$760.57
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2011	\$3,715.41			
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2011	\$285.70	\$424.98	\$480.73	\$554.71
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2010	\$12,660.70	\$11,558.16	\$12,665.60	\$9,927.63
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2010	\$382.53	\$505.45	\$198.98	\$443.40
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2009	\$12,160.96	\$10,581.94	\$12,634.86	\$17,807.67
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2009	\$1,101.40	\$961.23	\$595.91	\$654.18
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2008				\$120.00
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2008	\$11,773.37	\$11,905.06	\$13,182.59	\$15,408.24
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2008	\$2,320.16	\$2,603.13	\$1,876.16	\$2,160.27

Next >

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SSN Wage Record Inquiry

SSN [REDACTED] 7473

Name	Acct #	Employer Name	Report Type	Year	Qtr - 1	Qtr - 2	Qtr - 3	Qtr - 4
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2007	\$11,612.55	\$10,354.93	\$11,896.26	\$14,800.20
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2007	\$1,765.60	\$2,147.93	\$2,108.06	\$2,597.78
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2006	\$11,471.08	\$9,791.99	\$11,670.28	\$14,311.32
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2006	\$1,733.91	\$2,358.49	\$2,459.44	\$2,628.79
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2005	\$9,643.04	\$11,104.53	\$12,152.93	\$13,155.76
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2005	\$1,607.47	\$1,597.64	\$1,753.66	\$1,743.56
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2004				\$14,353.98
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2004				\$2,231.17

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Combined Average Weekly Wage and Compensation Rate

RE: Thomas Contreras v. St Johns Fire Dist Comm

WCC#: 0822640

Date of Accident: October 8, 2008, which is in the 4th quarter of 2008

Employer #1, St. John's Fire District, pursuant to Form 20:

AWW: \$993.49

CR: \$662.36

Employer #2, AMF Triangle Lanes, Pursuant to S.C. Employment Security Commission:

AWW: \$180.72

CR: \$120.49

Combined Average Weekly Wage: \$1,174.21

Combined Compensation Rate: \$782.85, which equates to the maximum compensation rate for the year of 2008, in the amount of \$661.29

269.5

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 0822640
Carrier File #:
Carrier Code #:
Employer FEIN #: 54-1221662

Claimant's Name: Thomas Contreras SSN: 0822640

Employer's Name: AMF Triangle Lanes / AMF Bowling Centers Inc

Address: 363 Lantana Drive

Address: 7313 Bell Creek Road

City: Charleston State: SC Zip: 29407

City: Mechanicsville State: VA Zip: 23111

Home Phone: 843 324 5387 Work Phone:

Insurance Carrier:

Preparer's Name: Patricia Westfield

Preparer's Phone #: 804-559-6303

Date of Injury: October 8, 2008
month day year

A. Total Wages Paid

1. Check Applicable Method:

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

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

Quarter	Ending Date	Total Wages Paid
1st	9/30/2008	\$1876.16
2nd	6/30/2008	\$2603.13
3rd	3/31/2008	\$2320.16
4th	12/31/2007	\$2597.78

Total Paid 2. \$ 9327.23

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

3. \$

4. Add lines 2 and 3.

TOTAL WAGES PAID:

4. \$ 9327.23

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE:

6. \$ 180.72

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

7. \$ 120.49

8. The compensation rate is as follows (choose one):

- ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8.
☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. \$ 120.49

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

WCC Form # 20
Rev. Date 3/97

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STATEMENT OF EARNINGS
OF INJURED EMPLOYEE

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Alpha Name	Check Date	Hours	Gross Pay
CONTRERAS, THOMAS	10/05/2007	40.75	350.05
CONTRERAS, THOMAS	10/19/2007	31.00	276.29
CONTRERAS, THOMAS	11/02/2007	48.75	418.77
CONTRERAS, THOMAS	11/16/2007	47.50	408.03
CONTRERAS, THOMAS	11/30/2007	49.75	427.36
CONTRERAS, THOMAS	12/14/2007	38.00	326.43
CONTRERAS, THOMAS	12/28/2007	45.50	390.85
CONTRERAS, THOMAS	01/11/2008	46.50	399.43
CONTRERAS, THOMAS	01/25/2008	42.75	367.22
CONTRERAS, THOMAS	02/08/2008	45.75	393.00
CONTRERAS, THOMAS	02/22/2008	49.25	423.06
CONTRERAS, THOMAS	03/07/2008	42.50	365.08
CONTRERAS, THOMAS	03/21/2008	43.00	372.37
CONTRERAS, THOMAS	04/04/2008	48.25	414.47
CONTRERAS, THOMAS	04/18/2008	46.25	404.29
CONTRERAS, THOMAS	05/02/2008	45.75	395.00
CONTRERAS, THOMAS	05/16/2008	41.00	382.19
CONTRERAS, THOMAS	05/30/2008	65.00	558.35
CONTRERAS, THOMAS	06/13/2008	29.25	251.26
CONTRERAS, THOMAS	06/27/2008	23.00	197.57
CONTRERAS, THOMAS	07/11/2008	16.00	137.44
CONTRERAS, THOMAS	07/25/2008	23.75	204.02
CONTRERAS, THOMAS	08/08/2008	51.00	438.10
CONTRERAS, THOMAS	08/22/2008	41.50	404.62
CONTRERAS, THOMAS	09/03/2008	45.75	407.18
CONTRERAS, THOMAS	09/19/2008	32.00	284.80
			9397.23

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 0822640

Carrier File #:

Carrier Code #:

Employer FEIN #: 54-1271662

Claimant's Name: Thomas Contreras SSN: 0822640

Address: 363 Lantana Drive

City: Charleston State: SC Zip: 29407

Home Phone: 843 324 5387 Work Phone:

Preparer's Name: Patricia Westfield

Employer's Name: AMF Triangle Lanes / AMF Bowling

Address: 7313 Bell Creek Road Center, VA

City: Mechanicsville State: VA Zip: 23111

Insurance Carrier:

Preparer's Phone #: 804-559-6303

Date of Injury: October 8, 2008
month day year

A. Total Wages Paid

1. Check Applicable Method:

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

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

Quarter	Ending Date	Total Wages Paid
1st	6/30/2012	\$ 309.33
2nd	9/30/2012	\$ 473.66
3rd	12/31/2012	\$ 760.57
4th	3/31/2013	\$ 1162.08
Total Paid		2. \$ 3153.64

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

4. Add lines 2 and 3.

TOTAL WAGES PAID:

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE: 6. \$ 60.65

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part B below to determine the actual compensation rate.

8. The compensation rate is as follows (choose one):

- ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8.
☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. \$ 40.44

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

WCC Form # 20
Rev. Date 3/97

20

STATEMENT OF EARNINGS
OF INJURED EMPLOYEE

Alpha Name	Check Date	Hours	Gross Pay
CONTRERAS, THOMAS	04/13/2012	2.48	22.79
CONTRERAS, THOMAS	04/27/2012	0.62	5.70
CONTRERAS, THOMAS	05/11/2012	8.48	77.93
CONTRERAS, THOMAS	05/25/2012	11.03	101.36
CONTRERAS, THOMAS	06/08/2012	4.33	39.80
CONTRERAS, THOMAS	06/22/2012	6.72	61.75
CONTRERAS, THOMAS	07/06/2012	4.96	45.58
CONTRERAS, THOMAS	07/20/2012	4.05	37.22
CONTRERAS, THOMAS	08/03/2012	5.28	48.53
CONTRERAS, THOMAS	08/17/2012	2.85	26.19
CONTRERAS, THOMAS	08/31/2012	3.38	31.06
CONTRERAS, THOMAS	09/14/2012	15.30	140.61
CONTRERAS, THOMAS	09/26/2012	15.72	144.47
CONTRERAS, THOMAS	10/12/2012	12.03	110.56
CONTRERAS, THOMAS	10/26/2012	18.63	171.21
CONTRERAS, THOMAS	11/07/2012	28.03	257.60
CONTRERAS, THOMAS	11/23/2012	8.93	82.07
CONTRERAS, THOMAS	12/07/2012	6.94	63.78
CONTRERAS, THOMAS	12/21/2012	8.20	75.35
CONTRERAS, THOMAS	01/04/2013	2.45	22.52
CONTRERAS, THOMAS	01/18/2013	12.32	113.22
CONTRERAS, THOMAS	02/01/2013	28.91	265.68
CONTRERAS, THOMAS	02/15/2013	32.28	296.65
CONTRERAS, THOMAS	03/01/2013	34.75	319.35
CONTRERAS, THOMAS	03/15/2013	31.75	291.78
CONTRERAS, THOMAS	03/29/2013	32.74	300.88
			3153.64

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HOWELL & CHRISTMAS, LLC

Attorneys at Law
FIGHTING FOR THE INJURED

LADSON F. HOWELL, JR.
e-mail: lad@howellandchristmas.com

P.O. Box 1896
Mount Pleasant, South Carolina 29465

250 Mathis Ferry Road, Suite 102
Mount Pleasant, South Carolina 29464
Telephone: (843) 849-2800
Facsimile: (843) 884-2007

JAMES G. CHRISTMAS
e-mail: jc@howellandchristmas.com

REESE M. STIDHAM, IV
e-mail: reese@howellandchristmas.com

May 14, 2013

VIA HAND DELIVERY

ATTN: Commissioner Gene McCaskill
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

RE: Thomas Contreras v. St Johns Fire Dist Comm.
WCC File No.: 0822640
Date of Loss: October 08, 2008

Dear Commissioner McCaskill:

Enclosed please find Claimant's 2nd Supplemental Pre-Hearing Brief and Notice of Witnesses and Written Reports/Physician or Other Evidence to be Introduced on Behalf of Claimant in the above-referenced case.

By copy of this letter to opposing counsel, I am serving him with copy of same.

Should you have a question with regard to the enclosed, please do not hesitate to contact me.

Very truly yours,


Gary Christmas
GC/kri

Enclosures

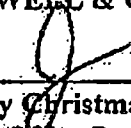
Claimant requests that the Commission file be made a part of the record; Claimant reserves the right to offer rebuttal evidence and exhibits.

YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employee, Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employee: Claimant, Thomas Contreras and witness, Geneva McCauly. Claimant reserves the right to call any and all witnesses listed by Defendant.

HOWELL & CHRISTMAS, LLC



Gary Christmas, Esquire
Post Office Box 1896
Mt. Pleasant, South Carolina 29465
Telephone: (843) 849-2800
Facsimile: (843) 884-2007
E-mail: gc@howellandchristmas.com
ATTORNEYS FOR CLAIMANT

Dated this 14th day of May, 2013
Mt. Pleasant, South Carolina.

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

Mr. Thomas 'Tommy' Contreras,
Claimant,

vs.

St Johns Fire Dist Comm,

Employer,

and

State Accident Fund,

Carrier, Defendants

CERTIFICATE OF SERVICE

I, the undersigned, do hereby certify that I have served the following documents, by hand delivering same.

TO:

Commissioner Gene McCaskill
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Ms. Margaret M. Urbanic
Clawson & Staubes
126 Seven Farms Drive,
Suite 200
Charleston SC 29492

DOCUMENT:

2nd Supplemental Pre-Hearing Brief, Notice of Witnesses and Written Report(s)/Physician or Other Evidence to be Introduced on Behalf of Thomas Contreras

DATE OF SERVICE:

May 14, 2013


Kara Irvin, Paralegal
Howell & Christmas, LLC
Post Office Box 1896
Mt. Pleasant, South Carolina 29465-1896
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Hearing before Commissioner Gene McCaskill, on May 14, 2013

RE: Thomas Contreras v. St Johns Fire Dist Comm

WCC#: 0822640

Date of Accident: October 8, 2008

1. Combined Average Weekly Wage and Compensation Rate:

Employer #1, St. John's Fire District, pursuant to Form 20 (APA#11, p. 266):

AWW: \$993.49

CR: \$662.36

Employer #2, AMF Triangle Lanes, Pursuant to Form 20 (APA #12, p. 270):

AWW: \$180.72

CR: \$120.49

Combined Average Weekly Wage: \$1,174.21

Combined Compensation Rate: \$782.85, which equates to the maximum compensation rate for the year of 2008, in the amount of \$661.29.

2. Claimant is seeking Temporary Partial Wage Loss in the amount of \$13,001.01, for the period of January 21, 2011, through May 16, 2011, for a total of 17 weeks.

August 7, 2012 = 2nd maximum medical improvement date post Claimant's 4th surgery

<u>Check Date</u>	<u>Gross Pay</u>
1/21/11	\$73.43
2/4/11	\$58.74
2/18/11	\$56.25
3/4/11	\$35.60
3/18/11	\$26.70
4/1/11	\$35.60
4/15/11	\$38.45
4/29/11	\$44.15
<u>5/13/11</u>	<u>\$91.13</u>
Total:	\$460.05

Based on Claimant's combined average weekly wage, for 17 weeks he would have been entitled to \$19,961.57 (Claimant's combined average weekly wage of \$1,174.21, times 17 weeks). Claimant only earned \$460.05, during those 17 weeks. Therefore, he is entitled to permanent partial wage loss in the amount of \$, for the period of January 21, 2011, through May 16, 2011 (\$19,961.57 minus \$460.05 = \$19,501.52; \$19,501.52 times two and divided by three = \$13,001.01).

3. Claimant seeking Permanent Partial Wage Loss, in the amount of \$62,739.65, for the period of May 17, 2011, through December 21, 2012, for a total of 83 weeks.

<u>Check Date</u>	<u>Gross Pay</u>
5/27/11	\$104.22
6/10/11	\$41.74
6/24/11	\$69.69
7/8/11	\$48.34
7/22/11	\$51.83
8/5/11	\$36.02
8/19/11	\$46.14
9/2/11	\$36.31
9/16/11	\$139.22
9/30/11	\$122.87
10/14/11	\$94.57
10/28/11	\$59.09
11/10/11	\$70.39
11/25/11	\$174.15
12/9/11	\$65.07
12/23/11	\$91.44
1/6/12	\$37.22
1/20/12	\$85.92
2/3/12	\$104.59
2/17/12	\$102.84
3/2/12	\$63.41
3/16/12	\$97.33
3/30/12	\$57.99
4/13/12	\$22.79
4/27/12	\$5.70
5/11/12	\$77.93
5/25/12	\$101.36
6/8/12	\$39.80
6/22/12	\$61.75
7/6/12	\$45.58
7/20/12	\$37.22
8/3/12	\$48.53
8/17/12	\$26.19
8/31/12	\$31.06
9/14/12	\$140.61
9/26/12	\$144.47
10/12/12	\$110.56
10/26/12	\$171.21
11/7/12	\$257.60
11/23/12	\$82.07
12/7/12	\$63.78

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<u>12/21/12</u>	<u>\$75.35</u>
Total:	\$3,349.95

Based on Claimant's combined average weekly wage, for 83 weeks he would have been entitled to \$97,459.43 (Claimant's combined average weekly wage of \$1,174.21, times 83 weeks). Claimant only earned \$3,349.95, during those 83 weeks. Therefore, he is entitled to permanent partial wage loss in the amount of \$, for the period of May 17, 2011, through December 21, 2012 (\$97,459.43 minus \$3,349.95 = \$94,109.48; \$94,109.48 times two and divided by three = \$62,739.65).

4. Claimant seeking Permanent Partial Wage Loss in the amount of \$12,458.55, for the period of January 1, 2013, through May 10, 2013, or a total of 18 weeks.

<u>Check Date</u>	<u>Gross Pay</u>
1/4/13	\$22.52
1/18/13	\$113.22
2/1/13	\$265.68
2/15/13	\$296.65
3/1/13	\$319.35
3/15/13	\$291.78
3/29/13	\$300.88
4/12/13	\$335.35
4/26/13	\$253.28
<u>5/10/13</u>	<u>\$249.24</u>
Total:	\$2,447.95

Based on Claimant's combined average weekly wage, for 18 weeks he would have been entitled to \$21,135.78 (Claimant's combined average weekly wage of \$1,174.21, times 18 weeks). Claimant only earned \$2,447.95, during those 18 weeks. Therefore, he is entitled to permanent partial wage loss in the amount of \$12,458.55, for the period of January 1, 2013, through May 10, 2013 (\$21,135.78 minus \$2,447.95 = \$18,687.83; \$18,687.83 times two and divided by three = \$12,458.55).

Total Amount Claimant is Seeking for Temporary Partial and/or Permanent Partial Benefits:
\$88,199.21

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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
	Tax ID	Emp Number	Employee Name									
		430640	CONTRERAS, THOMAS									
1 REGULAR		3.93	34.98	34.98	3.93	***	Gross Wages		34.98	34.98		
							FED INCOME TAX		5.00	5.00	33.58	33.58
							FED SS W/H		1.47	1.47	34.98	34.98
							FED MED W/H		.51	.51	34.98	34.98
							SC STATE W/H				33.58	33.58
							401k DEDUCTION		1.40	1.40		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 81594739		Check Date: 1/7/2011								
*** Total Pay/Hours	Gross:	3.93	34.98	34.98	3.93	*** Total Employee Deductions			8.38	8.38		
	Taxbl:		33.58	33.58		*** Total Employer Deductions						
						*** Net Pay			26.60	26.60		

1 REGULAR		8.25	73.43	108.41	12.18	***	Gross Wages		73.43	108.41		
							FED INCOME TAX		5.00	10.00	70.49	104.1
							FED SS W/H		3.08	4.55	73.43	108.41
							FED MED W/H		1.06	1.57	73.43	108.41
							SC STATE W/H				70.49	104.1
							401k DEDUCTION		2.94	4.34		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 81719099		Check Date: 1/21/2011								
*** Total Pay/Hours	Gross:	8.25	73.43	108.41	12.18	*** Total Employee Deductions			12.01	20.46		
	Taxbl:		70.49	104.07		*** Total Employer Deductions						
						*** Net Pay			61.35	87.95		

1 REGULAR		6.60	58.74	167.15	18.78	***	Gross Wages		58.74	167.15		
							FED INCOME TAX		5.00	15.00	56.39	160.1
							FED SS W/H		2.47	7.62	58.74	167.15
							FED MED W/H		.85	2.42	58.74	167.15
							SC STATE W/H				56.39	160.1
							401k DEDUCTION		2.35	6.69		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 81802247		Check Date: 2/4/2011								

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***	Total Pay/Hours						*** Total Employee Deductions					
	Gross Taxbl:	5.60	58.74	167.13	18.78		*** Total Employer Deductions		10.67	31.13		
			56.39	160.46			*** Net Pay		48.07	136.02		

I REGULAR

6.32 56.25 223.40 25.10

*** Gross Wages

56.25 223.40

FED INCOME TAX

5.00 20.00

FED SS W/H

2.36 9.38

FED MED W/H

.82 3.24

SC STATE W/H

56.25 223.40

401k DEDUCTION

54.00 214.46

Check Date: 2/18/2011

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 81881811

*** Total Pay/Hours Gross: 6.32 56.25 223.40 25.10
 Taxbl: 54.00 214.46

*** Total Employee Deductions

10.43 41.56

*** Total Employer Deductions

*** Net Pay

45.82 181.84

I REGULAR

4.00 35.60 259.00 29.10

*** Gross Wages

35.60 259.00

FED INCOME TAX

5.00 20.00

FED SS W/H

1.50 10.88

FED MED W/H

.52 3.76

SC STATE W/H

34.18 248.1

401k DEDUCTION

1.42 10.36

Check Date: 3/4/2011

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 82050024

*** Total Pay/Hours Gross: 4.00 35.60 259.00 29.10
 Taxbl: 34.18 248.64

*** Total Employee Deductions

5.44 50.00

*** Total Employer Deductions

*** Net Pay

27.16 209.00

I REGULAR

3.00 26.70 285.70 32.10

*** Gross Wages

26.70 285.70

FED INCOME TAX

5.00 30.00

FED SS W/H

1.12 12.00

FED MED W/H

.38 4.14

SC STATE W/H

25.63 274.2

401k DEDUCTION

26.70 285.70

Check Date: 3/4/2011

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 82050024

*** Total Pay/Hours Gross: 3.00 26.70 285.70 32.10
 Taxbl: 25.63 274.2

*** Total Employee Deductions 5.44 50.00
 *** Total Employer Deductions 26.70 285.70
 *** Net Pay 27.16 209.00

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							SC STATE W/H				25.63	274.2
							401K DEDUCTION		1.07	11.43		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82158177		Check Date: 3/18/2011								
*** Total Pay/Hours	Gross:	3.00	26.70	285.70	32.10		*** Total Employee Deductions		7.57	57.57		
	Taxbl:		25.63	274.27			*** Total Employer Deductions					
							*** Net Pay		19.13	228.13		
1 REGULAR		4.00	35.60	321.30	36.10	***	Gross Wages		35.60	321.30		
							FED INCOME TAX		5.00	15.00	34.18	308.7
							FED SS W/H		1.49	13.49	35.60	321.2
							FED MED W/H		.52	4.66	35.60	321.2
							SC STATE W/H				34.18	308.7
							401K DEDUCTION		1.42	12.85		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82190633		Check Date: 4/1/2011								
*** Total Pay/Hours	Gross:	4.00	35.60	321.30	36.10		*** Total Employee Deductions		8.43	66.00		
	Taxbl:		34.18	308.45			*** Total Employer Deductions					
							*** Net Pay		27.17	255.30		
1 REGULAR		4.32	38.45	359.75	40.42	***	Gross Wages		38.45	359.75		
							FED INCOME TAX		5.00	40.00	36.91	345.2
							FED SS W/H		1.62	15.11	38.45	359.7
							FED MED W/H		.56	5.22	38.45	359.7
							SC STATE W/H				36.91	345.2
							401K DEDUCTION		1.54	14.39		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82309139		Check Date: 4/15/2011								
*** Total Pay/Hours	Gross:	4.32	38.45	359.75	40.42		*** Total Employee Deductions		8.72	74.72		
	Taxbl:		36.91	345.36			*** Total Employer Deductions					
							*** Net Pay		29.73	285.03		
1 REGULAR		4.96	44.15	403.90	45.38	***	Gross Wages		44.15	403.90		

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							FED INCOME TAX		5.00	45.00	42.38	387
							FED SS W/H		1.85	16.96	44.15	403
							FED MED W/H		.64	5.86	44.15	403
							SC STATE W/H				42.38	387
							401k DEDUCTION		1.77	16.16		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82441965		Check Date: 4/29/2011								
*** Total Pay/Hours	Gross:	4.96	44.15	403.90	45.38	*** Total Employee Deductions			9.26	81.98		
	Taxbl:		42.38	387.74		*** Total Employer Deductions						
						*** Net Pay			34.89	319.92		

1 REGULAR		10.24	91.13	495.03	55.62	*** Gross Wages	91.13	495.03				
						FED INCOME TAX	5.00	50.00	87.48	475		
						FED SS W/H	3.83	20.79	91.13	495		
						FED MED W/H	1.32	7.18	91.13	495		
						SC STATE W/H			87.48	475		
						401k DEDUCTION	3.65	19.81				

Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82529705		Check Date: 5/13/2011								
*** Total Pay/Hours	Gross:	10.24	91.13	495.03	55.62	*** Total Employee Deductions			13.80	97.78		
	Taxbl:		87.48	475.22		*** Total Employer Deductions						
						*** Net Pay			77.33	397.25		

1 REGULAR		11.71	104.22	599.25	67.33	*** Gross Wages	104.22	599.25				
						FED INCOME TAX	5.00	55.00	100.05	575		
						FED SS W/H	4.38	25.17	104.22	599		
						FED MED W/H	1.31	8.69	104.22	599		
						SC STATE W/H	.03	.03	100.05	575		
						401k DEDUCTION	4.17	23.98				

Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82598701		Check Date: 5/27/2011								
*** Total Pay/Hours	Gross:	11.71	104.22	599.25	67.33	*** Total Employee Deductions			15.09	112.87		
	Taxbl:		100.05	575.27		*** Total Employer Deductions						
						*** Net Pay			89.13	486.38		

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1, REGULAR		4.69	41.74	640.99	72.02		*** Gross Wages		41.74	640.99		
							FED INCOME TAX		5.00	60.00	40.07	615.
							FED SS W/H		1.75	26.92	41.74	640.
							FED MED W/H		.60	9.29	41.74	640.
							SC STATE W/H			.03	40.07	615.
							401k DEDUCTION		1.67	25.65		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82800201		Check Date: 5/10/2011								
*** Total Pay/Hours	Gross:	4.69	41.74	640.99	72.02		*** Total Employee Deductions		9.02	121.89		
	Taxbl:		40.07	615.34			*** Total Employer Deductions					
							*** Net Pay		32.72	519.10		
1 REGULAR		7.83	69.69	710.68	79.85		*** Gross Wages		69.69	710.68		
							FED INCOME TAX		5.00	65.00	66.90	682.
							FED SS W/H		2.93	29.85	69.69	710.
							FED MED W/H		1.01	10.30	69.69	710.
							SC STATE W/H			.03	66.90	682.
							401k DEDUCTION		2.79	28.44		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82893671		Check Date: 6/24/2011								
*** Total Pay/Hours	Gross:	7.83	69.69	710.68	79.85		*** Total Employee Deductions		11.73	133.62		
	Taxbl:		66.90	682.74			*** Total Employer Deductions					
							*** Net Pay		57.96	577.06		
1 REGULAR		5.26	48.34	759.02	85.11		*** Gross Wages		48.34	759.02		
							FED INCOME TAX		5.00	70.00	46.41	728.
							FED SS W/H		2.03	31.88	48.34	759
							FED MED W/H		.71	11.01	48.34	759
							SC STATE W/H			.03	46.41	728
							401k DEDUCTION		1.93	30.37		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83015626		Check Date: 7/8/2011								
*** Total Pay/Hours	Gross:	5.26	48.34	759.02	85.11		*** Total Employee Deductions		9.67	143.29		

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	Totbl:		46.41	728.65			*** Total Employer Deductions					
							*** Net Pay		38.67	615.73		
I REGULAR		5.64	51.83	810.85	90.75		*** Gross Wages		51.83	810.85		
							FED INCOME TAX		5.00	75.00	49.76	778.1
							FED SS W/H		2.18	24.06	51.83	810.1
							FED MED W/H		.75	11.76	51.83	810.1
							SC STATE W/H			.03	49.76	778.1
							401k DEDUCTION		2.07	32.44		
Current Employee: CONTRERAS, THOMAS Current Check Control Number: 83093915 Check Date: 7/22/2011												
*** Total Pay/Hours	Gross:	5.64	51.83	810.85	90.75		*** Total Employee Deductions		10.00	153.29		
	Totbl:		49.76	778.41			*** Total Employer Deductions					
							*** Net Pay		41.83	657.56		
I REGULAR		3.92	36.02	846.87	94.67		*** Gross Wages		36.02	846.87		
							FED INCOME TAX		5.00	80.00	34.58	812.1
							FED SS W/H		1.51	15.57	36.02	846.2
							FED MED W/H		.52	12.28	36.02	846.2
							SC STATE W/H			.03	34.58	812.1
							401k DEDUCTION		1.44	33.88		
Current Employee: CONTRERAS, THOMAS Current Check Control Number: 83229886 Check Date: 8/3/2011												
*** Total Pay/Hours	Gross:	3.92	36.02	846.87	94.67		*** Total Employee Deductions		8.47	161.76		
	Totbl:		34.58	812.99			*** Total Employer Deductions					
							*** Net Pay		27.55	685.11		
I REGULAR		5.02	46.14	893.01	90.69		*** Gross Wages		46.14	893.01		
							FED INCOME TAX		5.00	85.00	44.29	857
							FED SS W/H		1.94	37.51	46.14	893.1
							FED MED W/H		.67	12.95	46.14	893.1
							SC STATE W/H			.03	44.29	857

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	Current Employee: CONTRERAS, THOMAS						401k DEDUCTION		1.85	35.73		
	Current Check Control Number: 83339760						Check Date: 8/19/2011					
*** Total Pay/Hours	Gross: 5.02		46.14	893.01	99.69		*** Total Employee Deductions		9.46	171.22		
	Taxbl: 44.29			857.28			*** Total Employer Deductions					
							*** Net Pay		36.68	721.79		
1 REGULAR		3.95	36.31	929.32	103.64		*** Gross Wages		36.31	929.32		
							FED INCOME TAX		5.00	90.00	34.86	892.
							FED SS W/H		1.52	39.03	36.31	929.
							FED MED W/H		.53	13.48	36.31	929.
							SC STATE W/H			.03	34.86	892.
							401k DEDUCTION		1.45	37.18		
Current Employee: CONTRERAS, THOMAS							Check Date: 9/2/2011					
*** Total Pay/Hours	Gross: 3.95		36.31	929.32	103.64		*** Total Employee Deductions		8.50	179.72		
	Taxbl: 34.86			892.14			*** Total Employer Deductions					
							*** Net Pay		27.81	749.60		
1 REGULAR		15.15	139.22	1,068.54	118.79		*** Gross Wages		139.22	1,068.54		
							FED INCOME TAX		5.00	95.00	133.65	1,025.
							FED SS W/H		5.85	44.88	139.22	1,068.
							FED MED W/H		2.01	15.49	139.22	1,068.
							SC STATE W/H		.64	.67	133.65	1,025.
							401k DEDUCTION		5.57	42.75		
Current Employee: CONTRERAS, THOMAS							Check Date: 9/16/2011					
*** Total Pay/Hours	Gross: 15.15		139.22	1,068.54	118.79		*** Total Employee Deductions		19.07	192.79		
	Taxbl: 133.65			1,025.75			*** Total Employer Deductions					
							*** Net Pay		120.15	869.75		
1 REGULAR		13.37	122.87	1,191.41	132.76		*** Gross Wages		122.87	1,191.41		
							FED INCOME TAX		5.00	100.00	117.96	1,143.

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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
							FED SS W/H		5.16	30.04	122.87	1,191.41
							FED MED W/H		1.79	17.28	122.87	1,191.41
							SC STATE W/H		.35	1.02	117.96	1,143.75
							401K DEDUCTION		4.91	47.66		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83546726		Check Date: 9/30/2011								
*** Total Pay/Hours	Gross:	13.37	122.87	1,191.41	132.16		*** Total Employee Deductions		17.21	216.00		
	Taxbl:		117.96	1,143.75			*** Total Employer Deductions					
							*** Net Pay		105.66	975.41		

I REGULAR		10.29	94.57	1,285.98	142.45		*** Gross Wages		94.57	1,285.98		
							FED INCOME TAX		5.00	105.00	90.79	1,234.19
							FED SS W/H		3.97	34.01	94.57	1,285.98
							FED MED W/H		1.37	18.65	94.57	1,285.98
							SC STATE W/H			1.02	90.79	1,234.19
							401K DEDUCTION		3.78	51.41		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83630047		Check Date: 10/14/2011								
*** Total Pay/Hours	Gross:	10.29	94.57	1,285.98	142.45		*** Total Employee Deductions		14.12	230.12		
	Taxbl:		90.79	1,234.19			*** Total Employer Deductions					
							*** Net Pay		80.45	1,055.86		

I REGULAR		6.43	59.09	1,345.07	148.88		*** Gross Wages		59.09	1,345.07		
							FED INCOME TAX		5.00	110.00	56.73	1,291.34
							FED SS W/H		2.48	56.49	59.09	1,345.07
							FED MED W/H		.85	19.50	59.09	1,345.07
							SC STATE W/H			1.02	56.73	1,291.34
							401K DEDUCTION		2.36	53.80		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83658142		Check Date: 10/26/2011								
*** Total Pay/Hours	Gross:	6.43	59.09	1,345.07	148.88		*** Total Employee Deductions		10.69	240.81		
	Taxbl:		56.73	1,291.34			*** Total Employer Deductions					
							*** Net Pay		48.40	1,104.26		

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AMF BOWLING CENTERS, INC.
 Historical Payroll Register
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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
I REGULAR		7.66	70.39	1,415.46	156.54	***	Gross Wages		70.39	1,415.46		
							FED INCOME TAX		5.00	115.00	67.57	1,358.1
							FED SS W/H		2.96	59.45	70.39	1,415.46
							FED MED W/H		1.02	30.52	70.39	1,415.46
							SC STATE W/H			1.02	67.57	1,358.1
							401k DEDUCTION		2.82	56.62		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83821244		Check Date: 11/10/2011								
*** Total Pay/Hours	Gross:	7.66	70.39	1,415.46	156.54	***	Total Employee Deductions		11.80	252.61		
	Taxbl:		67.57	1,358.84		***	Total Employer Deductions					
						***	Net Pay		58.59	1,162.85		

I REGULAR		18.95	174.15	1,589.61	175.49	***	Gross Wages		174.15	1,589.61		
							FED INCOME TAX		5.00	120.00	167.18	1,526.1
							FED SS W/H		7.31	66.76	174.15	1,589.61
							FED MED W/H		2.53	23.05	174.15	1,589.61
							SC STATE W/H		1.24	2.26	167.18	1,526.1
							401k DEDUCTION		6.97	63.59		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83912546		Check Date: 11/25/2011								
*** Total Pay/Hours	Gross:	18.95	174.15	1,589.61	175.49	***	Total Employee Deductions		23.05	275.66		
	Taxbl:		167.18	1,526.02		***	Total Employer Deductions					
						***	Net Pay		151.10	1,313.95		

I REGULAR		7.08	65.07	1,654.68	182.57	***	Gross Wages		65.07	1,654.68		
							FED INCOME TAX		5.00	125.00	62.47	1,588.1
							FED SS W/H		2.74	65.50	65.07	1,654.68
							FED MED W/H		94	23.99	65.07	1,654.68
							SC STATE W/H			2.26	62.47	1,588.1
							401k DEDUCTION		2.60	66.19		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83964274		Check Date: 12/9/2011								
*** Total Pay/Hours	Gross:	7.08	65.07	1,654.68	182.57	***	Total Employee Deductions		11.28	286.94		
	Taxbl:		62.47	1,588.49		***	Total Employer Deductions					
						***	Net Pay		53.79	1,347.74		

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AMF BOWLING CENTERS, INC.

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Employees Sorted by Address Number

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12/31/2011

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
1	REGULAR	9.95	91.44	1,746.12	192.52	***	Gross Wages		91.44	1,746.12		
							FED INCOME TAX		5.00	130.00	87.78	1,676.
							FED SS W/H		3.84	73.34	91.44	1,746.
							FED MED W/H		1.33	25.32	91.44	1,746.
							SC STATE W/H			2.26	87.78	1,676.
							401k DEDUCTION		3.66	69.85		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number:		4018028		Check Date:		12/23/2011				
*** Total Pay/Hours	Gross:	9.95	91.44	1,746.12	192.52	*** Total Employee Deductions			13.83	300.77		
	Taxbl:		87.78	1,676.27		*** Total Employer Deductions						
						*** Net Pay			77.61	1,445.35		

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AMP BOWLING CENTERS, INC.
 Historical Payroll Register
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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
	Tax ID	Emp Number	Employee Name									
		430640	CONTRERAS, THOMAS									
1 REGULAR		4.05	37.22	37.22	4.05	***	Gross Wages		37.22	37.22		
							FED INCOME TAX		5.00	5.00	35.73	35.73
							FED SS W/H		1.56	1.56	37.22	37.22
							FED MED W/H		.54	.54	37.22	37.22
							SC STATE W/H				35.73	35.73
							401k DEDUCTION		1.49	1.49		
Current Employee: CONTRERAS, THOMAS							Current Check Control Number: 84209351	Check Date: 1/6/2012				
*** Total Pay/Hours	Gross:	4.05	37.22	37.22	4.05	***	Total Employee Deductions		8.59	8.59		
	Taxbl:		35.73	35.73		***	Total Employer Deductions					
						***	Net Pay		28.63	28.63		
1 REGULAR		9.35	85.92	123.14	13.40	***	Gross Wages		85.92	123.14		
							FED INCOME TAX		5.00	10.00	82.48	118.21
							FED SS W/H		3.61	5.17	85.92	123.14
							FED MED W/H		1.23	1.79	85.92	123.14
							SC STATE W/H				82.48	118.21
							401k DEDUCTION		3.44	4.93		
Current Employee: CONTRERAS, THOMAS							Current Check Control Number: 84261853	Check Date: 1/20/2012				
*** Total Pay/Hours	Gross:	9.35	85.92	123.14	13.40	***	Total Employee Deductions		13.50	21.89		
	Taxbl:		82.48	118.21		***	Total Employer Deductions					
						***	Net Pay		72.62	101.25		
1 REGULAR		11.38	104.59	227.73	24.78	***	Gross Wages		104.59	227.73		
							FED INCOME TAX		5.00	15.00	100.41	218.21
							FED SS W/H		4.39	9.56	104.59	227.73
							FED MED W/H		1.51	5.30	104.59	227.73
							SC STATE W/H		.04	.04	100.41	218.21
							401k DEDUCTION		4.18	9.11		
Current Employee: CONTRERAS, THOMAS							Current Check Control Number: 84389751	Check Date: 2/3/2012				

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AMF BOWLING CENTERS, INC.

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Detail by Check Control Number

Employees Sorted by Address Number

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Date From: 1/1/2012

Date Thru: 4/30/2012

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
***	Total Pay/Hours	Gross: 11.38	104.59	227.73	24.78		*** Total Employee Deductions		15.12	37.01		
		Taxbl:	100.41	218.62			*** Total Employer Deductions					
							*** Net Pay		89.47	190.72		

I REGULAR

11.19

102.84

330.57

35.97

*** Gross Wages

102.84

330.57

FED INCOME TAX

5.00

20.00

98.73

317

FED SS W/H

4.32

13.88

102.84

330

FED MED W/H

1.49

4.79

102.84

330

SC STATE W/H

.01

.05

98.73

317

401k DEDUCTION

4.11

13.22

Check Date: 2/17/2012

Current Employee: CONTRERAS, THOMAS

Current Check Control Number:

84508326

*** Total Pay/Hours

Gross:

11.19

102.84

330.57

35.97

*** Total Employee Deductions

14.93

51.94

Taxbl:

98.73

317.35

*** Total Employer Deductions

*** Net Pay

87.91

278.63

I REGULAR

6.90

63.41

393.98

42.87

*** Gross Wages

63.41

393.98

FED INCOME TAX

5.00

20.00

60.87

376

FED SS W/H

2.67

16.55

63.41

393

FED MED W/H

.92

5.71

63.41

393

SC STATE W/H

.05

.05

60.87

376

401k DEDUCTION

2.54

15.76

Current Employee: CONTRERAS, THOMAS

Current Check Control Number:

84638931

Check Date: 3/2/2012

*** Total Pay/Hours

Gross:

6.90

63.41

393.98

42.87

*** Total Employee Deductions

11.13

63.07

Taxbl:

60.87

378.22

*** Total Employer Deductions

*** Net Pay

52.28

330.91

I REGULAR

10.59

97.33

491.31

53.46

*** Gross Wages

97.33

491.31

FED INCOME TAX

5.00

20.00

93.44

47

FED SS W/H

4.09

20.64

97.33

49

FED MED W/H

1.41

7.12

97.33

49

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AMF BOWLING CENTERS, INC.
 Historical Payroll Register
 Detail by Check Control Number
 Employees Sorted by Address Number

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 Page: 3
 Date From: 1/1/2012
 Date Thru: 4/30/2012

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
							SC STATE W/H			.05	93.44	471
							401k DEDUCTION		3.89	19.65		
Current Employee:	CONTRERAS, THOMAS					84707464	Check Date:	3/16/2012				
*** Total Pay/Hours	Gross:	10.59	97.33	491.31	53.46		*** Total Employee Deductions		14.39	77.46		
	Taxbl:		93.44	471.86			*** Total Employer Deductions					
							*** Net Pay		82.94	413.85		
I REGULAR		6.31	57.99	549.30	59.77		*** Gross Wages		57.99	549.30		
							FED INCOME TAX		5.00	35.00	55.67	521
							FED SS W/H		2.43	23.07	57.99	541
							FED MED W/H		.84	7.96	57.99	541
							SC STATE W/H			.05	55.67	521
							401k DEDUCTION		2.32	21.97		
Current Employee:	CONTRERAS, THOMAS					84811780	Check Date:	5/30/2012				
*** Total Pay/Hours	Gross:	6.31	57.99	549.30	59.77		*** Total Employee Deductions		10.59	88.05		
	Taxbl:		55.67	527.33			*** Total Employer Deductions					
							*** Net Pay		47.40	461.25		
I REGULAR		2.48	22.79	572.09	62.25		*** Gross Wages		22.79	572.09		
							FED INCOME TAX		5.00	40.00	21.88	541
							FED SS W/H		.96	24.03	22.79	57
							FED MED W/H		.34	8.30	22.79	57
							SC STATE W/H			.05	21.88	54
							401k DEDUCTION		.91	22.88		
Current Employee:	CONTRERAS, THOMAS					84962844	Check Date:	4/13/2012				
*** Total Pay/Hours	Gross:	2.48	22.79	572.09	62.25		*** Total Employee Deductions		7.21	95.26		
	Taxbl:		21.88	549.21			*** Total Employer Deductions					
							*** Net Pay		15.58	476.83		
I REGULAR		.62	5.70	577.79	62.87		*** Gross Wages		5.70	577.79		

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AMF BOWLING CENTERS, INC.
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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount

Tax ID	Emp Number	Employee Name
	430640	CONTRERAS, THOMAS

1 REGULAR		2.48	22.79	572.09	62.25		Gross Wages		22.79	572.09		

FED INCOME TAX	5.00	40.00	21.88	549.21
FED SS WH	.96	24.03	22.79	572.09
FED MED WH	.34	8.30	22.79	572.09
SC STATE WH		.05	21.88	549.21
401k DEDUCTION	.91	22.88		

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 84962844

Check Date: 4/13/2012

*** Total Pay/Hours	Gross:	2.48	22.79	572.09	62.25
	Taxable:		21.88	549.21	

*** Total Employee Deductions	7.21	95.26
*** Total Employer Deductions		
*** Net Pay	15.58	476.83

1 REGULAR		.62	5.70	577.79	62.87		Gross Wages		5.70	577.79		

FED INCOME TAX	5.00	45.00	5.47	554.68
FED SS WH	.24	24.27	5.70	577.79
FED MED WH	.08	8.38	5.70	577.79
SC STATE WH		.05	5.47	554.68
401k DEDUCTION	.23	23.11		

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 85063939

Check Date: 4/27/2012

*** Total Pay/Hours	Gross:	.62	5.70	577.79	62.87
	Taxable:		5.47	554.68	

*** Total Employee Deductions	5.55	100.81
*** Total Employer Deductions		
*** Net Pay	.15	476.98

1 REGULAR		8.48	77.93	655.72	71.35		Gross Wages		77.93	655.72		

FED INCOME TAX	5.00	58.00	74.81	629.91
FED SS WH	3.27	27.54	77.93	655.72
FED MED WH	1.13	9.51	77.93	655.72
SC STATE WH		.05	74.81	629.91
401k DEDUCTION	3.12	26.23		

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 85126899

Check Date: 5/11/2012

05/13/13 MON 15:45 FAX 8045568284

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R07345

AMF BOWLING CENTERS, INC.
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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
***	Total Pay/Hours											
	Gross:	2.48	77.93	655.72	71.35		*** Total Employee Deductions		12.52	113.53		
	Total:		74.81	629.49			*** Total Employer Deductions					
							*** Net Pay		65.41	542.39		

1 REGULAR

11.03

101.36

757.08

82.38

*** Gross Wages

101.36

757.08

FED INCOME TAX

5.00

55.00

97.31

726.1

FED SS W/H

4.26

31.60

101.36

737.1

FED MED W/H

1.47

10.98

101.36

737.1

SC STATE W/H

.05

97.31

726.1

401k DEDUCTION

4.85

30.28

Current Employee: CONTRERAS, THOMAS

Current Check Control Number:

85211711

Check Date: 5/25/2012

*** Total Pay/Hours

Gross:

11.03

101.36

757.08

82.38

*** Total Employee Deductions

14.78

128.11

*** Total Employer Deductions

*** Net Pay

86.58

628.97

1 REGULAR

4.33

39.80

796.88

86.71

*** Gross Wages

39.80

796.88

FED INCOME TAX

5.00

60.00

31.21

765.1

FED SS W/H

1.67

33.47

39.80

796.7

FED MED W/H

.57

11.55

39.80

796.1

SC STATE W/H

.05

38.21

765.1

401k DEDUCTION

1.59

31.67

Current Employee: CONTRERAS, THOMAS

Current Check Control Number:

85421541

Check Date: 6/8/2012

*** Total Pay/Hours

Gross:

4.33

39.80

796.88

86.71

*** Total Employee Deductions

8.83

136.94

*** Total Employer Deductions

*** Net Pay

30.97

659.94

1 REGULAR

6.72

61.75

858.63

93.43

*** Gross Wages

61.75

858.63

FED INCOME TAX

5.00

65.00

59.28

824.1

FED SS W/H

2.59

36.06

61.75

858.1

FED MED W/H

.90

12.45

61.75

858.1

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 AMF SUPPORT CIR PAYROLL

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AMF BOWLING CENTERS, INC.
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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
							SC STATE W/H			.05	59.28	824.29
							401K DEDUCTION		2.47	34.34		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 85712018		Check Date: 6/22/2012								
*** Total Pay/Hours	Gross:	6.72	61.35	638.63	91.43							
	Taxable:		59.28	824.29								
						*** Total Employee Deductions			10.96	147.90		
						*** Total Employer Deductions						
						*** Net Pay			50.79	710.73		

1 REGULAR

4.96

45.58

904.21

98.39

*** Gross Wages

45.58

904.21

FED INCOME TAX

3.80

70.88

43.76

368.1

FED SS W/H

1.92

17.98

43.58

904.2

FED MED W/H

.66

13.11

43.58

904.2

SC STATE W/H

.05

43.76

868.1

401K DEDUCTION

1.82

36.16

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 85814603

Check Date: 1/8/2012

*** Total Pay/Hours

Gross:

4.96

45.58

904.21

98.39

*** Total Employee Deductions

9.40

157.30

*** Total Employer Deductions

*** Net Pay

36.18

746.91

1 REGULAR

4.05

37.22

941.43

102.44

*** Gross Wages

37.22

941.43

FED INCOME TAX

3.80

73.80

35.73

903.7

FED SS W/H

1.56

39.34

37.22

941.7

FED MED W/H

.54

13.65

37.22

941.7

SC STATE W/H

.05

35.73

903.7

401K DEDUCTION

1.49

37.61

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 85921219

Check Date: 7/20/2012

*** Total Pay/Hours

Gross:

4.05

37.22

941.43

102.44

*** Total Employee Deductions

8.59

165.89

*** Total Employer Deductions

*** Net Pay

28.63

775.54

1 REGULAR

5.20

48.53

989.96

101.72

*** Gross Wages

48.53

989.96

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05/13/13 MON 15:48 FAX 8045696284

MAP BOWLING CENTERS, INC.
Historical Payroll Register
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Date From: 4/13/2012
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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
	Current Employee: CONTRERAS, THOMAS										
*** Total Pay/Hours		5.28	48.53	989.96	107.72		Current Check Control Number: 85977600	1.94	39.50	42.59	950.7
Gross:			48.53	989.96	107.72		Check Date: 8/3/2012				
Tax:							401K DEDUCTION				
*** Net Pay							*** Total Employer Deductions	9.68	175.57	989.1	989.7
*** Total Employer Deductions							*** Net Pay	38.85	814.39	950.7	950.7
Check Date: 8/3/2012											
FED INCOME TAX							FED SS W/H	5.00	80.00	86.59	950.7
FED SS W/H							FED MED W/H	2.04	41.38	48.53	989.7
FED MED W/H							SC STATE W/H	.70	14.35	18.51	989.1
401K DEDUCTION								.05			
*** Total Employer Deductions											
*** Net Pay											

004
AMR SUPPORT CTR PAYROLL

262

REGULAR

Current Employee: CONTRERAS, THOMAS

Gross: 26.19

Tax: 2.85

Current Check Control Number: 86102784

Check Date: 8/17/2013

*** Total Employer Deductions

*** Net Pay

1016.15

26.19

2.85

183.18

833.05

REGULAR

Current Employee: CONTRERAS, THOMAS

Gross: 31.06

Tax: 3.38

Current Check Control Number: 86204676

Check Date: 8/31/2012

*** Total Employer Deductions

*** Net Pay

1,047.21

31.06

3.38

191.09

836.12

1,005.1
1,047.2
1,047.2
1,005.1

29.82
31.06
31.06
29.82

1,047.21

31.06

3.38

191.09

836.12

0005

R07345

AME BOWLING CENTERS, INC.
 Historical Payroll Register
 Detail by Check Control Number
 Employees Sorted by Address Number

5/31/2013 16:40:03
 Page: 5
 Date From: 4/1/2012
 Date Thru: 12/31/2012

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
1 REGULAR		15.30	140.61	1,187.82	129.25	***	Gross Wages		140.61	1,187.82		
							FED INCOME TAX		5.00	95.08	134.99	1,140.2
							FED SS W/H		5.91	49.89	140.61	1,187.3
							FED MED W/H		2.94	17.22	140.61	1,187.3
							SC STATE W/H		.66	.78	134.99	1,140.2
							401k DEDUCTION		5.62	47.50		
Current Employee: CONTRERAS, THOMAS							Check Date: 9/14/2012					
*** Total Pay/Hours	Gross:	15.30	140.61	1,187.82	129.25		*** Total Employee Deductions		19.23	210.32		
	Taxable:		134.99	1,140.32			*** Total Employer Deductions					
							*** Net Pay		121.38	977.50		

1 REGULAR		15.72	144.47	1,332.29	144.97	***	Gross Wages		144.47	1,332.29		
							FED INCOME TAX		5.00	108.00	138.69	1,279.1
							FED SS W/H		6.07	53.56	144.47	1,332.2
							FED MED W/H		2.18	19.32	144.47	1,332.2
							SC STATE W/H		.73	1.44	138.69	1,279.1
							401k DEDUCTION		5.78	53.28		
Current Employee: CONTRERAS, THOMAS							Check Date: 9/26/2012					
*** Total Pay/Hours	Gross:	15.72	144.47	1,332.29	144.97		*** Total Employee Deductions		19.68	230.00		
	Taxable:		138.69	1,279.01			*** Total Employer Deductions					
							*** Net Pay		124.79	1,102.29		

1 REGULAR		12.03	110.56	1,442.85	157.00	***	Gross Wages		110.56	1,442.85		
							FED INCOME TAX		5.00	103.00	106.14	1,385.1
							FED SS W/H		4.64	60.60	110.56	1,442.3
							FED MED W/H		1.60	20.92	110.56	1,442.3
							SC STATE W/H		.14	1.58	106.14	1,385.1
							401k DEDUCTION		4.42	57.70		
Current Employee: CONTRERAS, THOMAS							Check Date: 10/12/2012					
*** Total Pay/Hours	Gross:	12.03	110.56	1,442.85	157.00		*** Total Employee Deductions		15.80	245.88		

409 AME SUPPORT CTR PAYROLL
 hb2

05/13/13 MON 15:46 FAX 8045596264

STATION

AMF BOWLING CENTERS, INC.
Historical Payroll Register
Indexed by Check Control Number
Employees Sorted by Address Number

१०२/८५
 १०२/८५
 १०२/८५

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107345

AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

5/13/2013 16:40:03
Page: 7
Date From: 4/13/2012
Date Thru: 12/31/2012

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
Current Employee: CONTRERAS, THOMAS							401k DEDUCTION		3.28	78.13		
*** Total Pay/Hours						Current Check Control Number: 86906571	Check Date: 11/23/2012					
	Gross:	8.93	82.87	1,953.73	212.59		*** Total Employee Deductions		12.52	314.54		
	Taxbl:		78.39	1,875.60			*** Total Employer Deductions					
							*** Net Pay		69.35	1,639.19		
1 REGULAR		6.94	63.78	2,017.51	219.53		*** Gross Wages		63.78	2,017.51		
							FED INCOME TAX		5.00	125.00	61.23	1,936.5
							FED SS W/H		2.61	84.74	63.78	2,017.5
							FED MED W/H		.92	29.25	63.78	2,017.5
							SC STATE W/H			6.02	61.23	1,936.5
							401k DEDUCTION		2.55	80.68		
Current Employee: CONTRERAS, THOMAS						Current Check Control Number: 86934567	Check Date: 12/7/2012					
*** Total Pay/Hours									11.15	325.69		
	Gross:	6.94	63.78	2,017.51	219.53		*** Total Employee Deductions					
	Taxbl:		61.23	1,936.83			*** Total Employer Deductions					
							*** Net Pay		52.63	1,691.82		
1 REGULAR		8.20	75.35	2,092.86	227.73		*** Gross Wages		75.35	2,092.86		
							FED INCOME TAX		5.00	130.00	72.34	2,009.
							FED SS W/H		3.16	81.90	75.35	2,092.8
							FED MED W/H		1.10	30.35	75.35	2,092.8
							SC STATE W/H			6.02	72.34	2,009.
							401k DEDUCTION		3.01	81.69		
Current Employee: CONTRERAS, THOMAS						Current Check Control Number: 87023516	Check Date: 12/21/2012					
*** Total Pay/Hours									12.27	337.96		
	Gross:	8.20	75.35	2,092.86	227.73		*** Total Employee Deductions					
	Taxbl:		72.34	2,009.17			*** Total Employer Deductions					
							*** Net Pay		63.08	1,754.90		

909 AMF SUPPORT CTR PAYROLL

05/13/13 MON 15:47 FAX 8046598264

Page	Date From:	Date To:
154634	1/29/2013	5/10/2013
1		

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852

AME BOWLING CENTERS, INC
Fritton's Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

5/10/2013 15:46:34
Page 2
Date From 3/29/2013
Date To 5/18/2013

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
1 REGULAR		27.12	249.24	2,447.95	266.37		*** Gross Wages	249.24	2,447.95	239.27	2,330.1
							FED INCOME TAX	5.00		249.24	2,330.1
							FED SS W/H	15.45		249.24	2,447.1
							FED MED W/H	3.62		249.24	2,447.1
							SC STATE W/H	3.04		249.24	2,447.1
							401K DEDUCTION	9.97		239.27	2,350.1
*** Total Pay/Hours		27.12	249.24	2,447.95	266.37		*** Total Employer Deductions	37.08		169.15	
*** Net Pay								212.16		2078.80	

Alpha Name	Check Date	Hours	Gross Pay
CONTRERAS, THOMAS	04/13/2012	2.48	22.79
CONTRERAS, THOMAS	04/27/2012	0.62	5.70
CONTRERAS, THOMAS	05/11/2012	8.48	77.93
CONTRERAS, THOMAS	05/25/2012	11.03	101.36
CONTRERAS, THOMAS	06/08/2012	4.33	39.80
CONTRERAS, THOMAS	06/22/2012	6.72	61.75
CONTRERAS, THOMAS	07/06/2012	4.96	45.58
CONTRERAS, THOMAS	07/20/2012	4.05	37.22
CONTRERAS, THOMAS	08/03/2012	5.28	48.53
CONTRERAS, THOMAS	08/17/2012	2.85	26.19
CONTRERAS, THOMAS	08/31/2012	3.38	31.06
CONTRERAS, THOMAS	09/14/2012	15.30	140.61
CONTRERAS, THOMAS	09/26/2012	15.72	144.47
CONTRERAS, THOMAS	10/12/2012	12.03	110.56
CONTRERAS, THOMAS	10/26/2012	18.63	171.21
CONTRERAS, THOMAS	11/07/2012	28.03	257.60
CONTRERAS, THOMAS	11/23/2012	8.93	82.07
CONTRERAS, THOMAS	12/07/2012	6.94	63.78
CONTRERAS, THOMAS	12/21/2012	8.20	75.35
CONTRERAS, THOMAS	01/04/2013	2.45	22.52
CONTRERAS, THOMAS	01/18/2013	12.32	113.22
CONTRERAS, THOMAS	02/01/2013	28.91	265.68
CONTRERAS, THOMAS	02/15/2013	32.28	296.65
CONTRERAS, THOMAS	03/01/2013	34.75	319.35
CONTRERAS, THOMAS	03/15/2013	31.75	291.78
CONTRERAS, THOMAS	03/29/2013	32.74	300.88
			3153.64

299

South Carolina Workers' Compensation Commission
P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0822640
Carrier File # 2008-4604
Carrier Code # 500 SF
Employer FEIN 576008015

Thomas Contreras 117-58-7473		St. Johns Fire District Commission	
Claimant's Name	SSN	Employer's Name	
363 Lantana Drive	Charleston, SC 29407	P.O. Box 56	Johns Island, SC 29457
Address	City State Zip	Address	City State Zip
843-769-4428		State Accident Fund	
Home Phone #	Work Phone #	Insurance Carrier	
Margaret M. Urbanic	(843) 577-2026		
Preparer's Name	Phone #		

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 661.29 2. AWW: \$ 993.49 Date of Injury: 10/8/08
3. Type of Injury and body part(s): right shoulder only.
4. Facts in Controversy: This case should be limited to 42-9-30 as the only body part injured was the shoulder. Issue as to whether the Claimant has any permanency. Claimant is not on Social Security and has not applied for Social Security. Carrier denies that allocation language is appropriate. Claimant testified that he has applied for various jobs not reported in the vocational report prepared by Jean Hutchinson. Claimant has applied to be a manager at a bowling alley, federal jobs with salary range between \$35,000-\$90,000. (4/29/13 Cmt Deposition pp 3/32).
5. Legal issues involved: N/A.
6. Unusual problems: Claimant has submitted a separate form 20 from his employer at AMF Lanes as required by 67-1603 (H). Furthermore in Claimant's deposition he testified that he worked 14 hours a week at a current rate of \$9.18 which is a comp rate of \$85.67. Claimant had the same injury to his left shoulder in 2005.
7. Witnesses (designate if expert)*: Employer rep. Jackie Stanley. Defendants reserve the right to call additional witnesses at the hearing.
8. Exhibits: A) Claimant Deposition 4/29/13; B) Form 19 12/13/08.
9. Medical evidence: (indicate report pursuant to R.67-812; deposition or appearance) See Attached APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Dr. James DeMarco, Palmetto Orthopaedics or Charleston, 615 Wesley Drive, Suite 100, Charleston, SC 29407.
11. Impairment rating(s); body part(s); physician and date of opinion: On September 4, 2012, Dr. James DeMarco assigned a 9% impairment rating to right upper extremity which converts to a 15% impairment to right shoulder.
12. I am amending my Form 50/51 in the follow manner: N/A.

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

SIGNATURE

Email: purbanic@clawsonandstaubes.com

Date of hearing: May 14, 2013 Time needed for hearing: 2:30 PM
On Behalf of: ☐ Claimant ☒ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
*Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form #58 Rev. Date 9/07

Pre-Hearing Brief

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

THOMAS CONTRERAS,
Claimant,

v.

ST. JOHNS FIRE DISTRICT
COMMISSION,

Employer,

STATE ACCIDENT FUND,

Carrier.

BEFORE THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

W.C.C. FILE NO. 0822640

NOTICE OF EVIDENCE TO BE
INTRODUCED AS DIRECT
EVIDENCE ON BEHALF OF ST.
JOHNS FIRE DISTRICT
COMMISSION/STATE ACCIDENT
FUND

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND GARY
CHRISTMAS, ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED THAT THE (PROPONENT), pursuant to the provisions
of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330,
(1985), Employer, St. Johns Fire District Commission, and Carrier, State Accident Fund,
herewith submits the following reports/physicians or other evidence on behalf of the Employer,
St. Johns Fire District Commission, and Carrier, State Accident Fund:

APAS	PHYSICIAN	MEDICAL FACILITY	REPORT DATE	PAGE NOS.
1	Dr. David Jaskwhich	Lowcountry Orthopaedics	12/12/08- 10/28/09	00001- 00010
2	Dr. James DeMarco	Palmetto Orthopaedics of Charleston	9/24/10-8/7/12	00011- 00023
3	Charleston Physical Therapy		10/29/8-10/30/08	00024- 00027
4	Roper Hospital		10-11-10	00028- 00044

APAS	PHYSICIAN	MEDICAL FACILITY	REPORT DATE	PAGE NOS.
5	St. Francis Hospital		10/8/08	00045-00051
6	Dr. Donald Olofsson	Tricounty Radiology	8/26/09	00052-00054
7	Dr. James Taggart	Trident Diagnostics	1/20/09	00055
8	Dr. James DeMarco Physician's Statement 14B		9/4/12	00056

Exhibits

A.	Claimant's Deposition 4/29/13
B	Form 19 12/13/06

YOU ARE FURTHER HEREBY NOTIFIED you have the right to cross-examination, and, should you desire to exercise that right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s) whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the Hearing before the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Employer/Carrier.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employer/Carrier:

1. Jackie Stanley.

CLAWSON AND STAUBES, LLC



Margaret M. Urbanic
126 Seven Farms Drive, Suite 200
Charleston, SC 29492-8144
(843) 577-2026
Attorneys for Employer, St. Johns Fire District
Commission, and Carrier, State Accident Fund.

Charleston, South Carolina

May 3, 2013.

Progress Notes

NAME: Thomas Contreras DOCTOR: Jaskubich
 ADDRESS: 10 Similla del Rio NEXT MD APPT: _____
 DOB: 10/25/67 #Rx since last co-eval: _____ Rx remaining: _____
 SUBJECTIVE: Fed good yesterday - mts today

CONNECTIVE
 Intert. 1 min ① 1 min GTXTX Wibe Int/Static Builds min
 Safon 1 min manual min ② thru ex per flow sheet min gaurin
 Cap 1 min rolling min US cert/pulse min lonio mAnstr
 ① MUTE A10 ② Sho 121 ③ 1.14 110 012 1100 Stud

ASSESSMENT: Response to treatment / Goal Status TX session ended with 20% AHA met.
Symptoms of anxiety are still present but able to tolerate all the
anxiety to see therapist. Cont to progress therapy to tolerance
and work related activities.

Therapist Signature Pranava Patel MD, PhD

Date 05/20/2019 #Rx since last re-eval 0 Rx remaining 0

OBJECTIVE

min MH min 1700 TX 1000 instructions min 1000 min

min manual min 1000 min 1000 min

min other min 1000 min 1000 min

min 1000 min 1000 min 1000 min

ASSESSMENT: Response to treatment / Goal Status

ANY

Therapist Signature

908A Truitt Street, Suite B • Charleston, SC 29406 • Phone (843) 553-6343 • Fax (843) 553-6404 • www.kennedy.com

COMPTON 02702

PROGRESS NOTES

PATIENT Thomas Contreas DOCTOR 31
 DIAGNOSIS (1) SLAP repair NEXT MD APPT 3-2-09
 Date 2-27-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE: "Little better"

OBJECTIVE:
 Intact _____ min (1) MH 10 min CUMPTX _____ #lbs lost/stable _____ min _____ folds _____ min
 Began _____ min (3) 15 min (4) Ther ex per flow sheet 25 min _____ paraffin _____ min
 _____ min (3) 10 min (2) 8 min 1.5 w/min 10 min _____ mA/min _____ mA
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

ASSESSMENT: Response to treatment/ goal status STG #14 #8 met, others
unmet.

PLAN: Note to MD.

Therapist Signature: Kim L. Smith
 Date 3/2/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: moving better, but still really painful
New script from Dr. J.

OBJECTIVE:
 Intact _____ min (1) MH 20 min CUMPTX _____ #lbs lost/stable _____ min _____ folds _____ min
 Began _____ min (4) 15 min (2) Ther ex per flow sheet 30 min _____ paraffin _____ min
 _____ min (3) 15 min (2) 15 min 1.5 w/min 10 min _____ mA/min _____ mA
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

ASSESSMENT: Response to treatment/ goal status TR PROM great today. Still
quite painful - ✓ + abd.

PLAN: Add isometrics as tolerated.

Therapist Signature: Ad - M. Smith



CONTRERAS, THOMAS 47 yrs
383 LANTANA DR M
Charleston, SC 29407 117-88-7473
(843) 748-4428 8888 882561
Jeskwilch MD, David H 01/29/05

Palmetto Anesthesia of Charleston, LLC

CONSENT FOR INTERSCALENE / INFRACLAVICULAR BLOCK

This nerve block provides excellent pain relief of the shoulder and portion of the upper extremity. It is based upon nerves emerging between the ribs at the base of the neck. The patient lies on his back with the neck turned to the side. A short needle is inserted beneath the skin where local anesthetic is then injected.

I hereby authorize a member of Palmetto Anesthesia of Charleston to provide interscalene or infraclavicular anesthesia for my upcoming surgical procedure. I understand that the practice of anesthesia is not an exact science and no guarantee can be made regarding the outcome of this procedure. A doctor from the anesthesia department has explained to me that there may be complications resulting from this type of injection. I understand that these complications may include, but are not limited to the following:

1. failure to work
2. spinal anesthesia
3. seizures
4. partial block
5. nerve damage

6. infection
7. drug reaction
8. damage to blood vessels
9. difficulty breathing

I understand that the above complications are rare; however these complications may occur regardless of the experience, care, skill or amount of training of the anesthesiologist. I also understand that there are alternative forms of pain relief available to me. The above benefits and risks of the procedure have been satisfactorily explained to me. All questions have been answered and I believe I have sufficient information to give this informed consent.

[Signature]
Patient or person authorized to consent for the Patient

1/29/05
Date and Time

[Signature]
Witness

1/29/05
Date and Time

I have discussed the contents of this form with the patient, as well as the risks, hazards, and potential complications of anesthesia, in addition to the alternatives of anesthesia.

[Signature]
Physician Signature

1/29/05
Date and Time

(Pre-procedure assessment completed, site marked and verified.)

[Signature]
Anesthesia Provider

[Signature]
Patient or person authorized to consent for the patient

Post Office Box 308, Ladson, South Carolina 29456-0308
843-553-7070 ~ Fax 843-553-2223

CONSULTATION REQUEST

REQUEST DATE: 1-29-80

TO CONSULT AND/OR SERVICE:

TIME: 1315

FOR POST-OPERATIVE PAIN RELIEF:

- ☐ FEMORAL NERVE BLOCK
☒ LATERAL FEMORAL CUTANEOUS NERVE BLOCK
☒ INTERSCALINE NERVE BLOCK
☐ ANKLE BLOCK
☒ AXILLARY NERVE BLOCK
OTHER: Cervical

☒ ANKLE BLOCK
☐ AXILARY NERVE BLOCK
☒ OTHER CERVICAL PLEXUS BLOCK

SIGNATURE OF ATTENDING PHYSICIAN **M.D.**

CONSULTATION REPORT

CONSULTATION DATE

[illegible]

DICTATED:

☒ YES

~~Q~~ NO

CONTRERAS, THOMAS
363 LANTANA DR
Charleston, SC 29407
(843) 789-4429 2889
Jackyrich MD, David H

43 ysa.

1

117-583473

09/26/81

01/28/00

28

PATIENT: CONTRERAS, THOMAS

MEDICAL RECORD #: 2889

DATE OF SURGERY: 01/29/09

SURGEON: David Jaskwlich, M.D.

ASSISTANT: Jason Trigiani, PA-C

ANESTHESIA: Scalene block/General

PREOPERATIVE DIAGNOSIS:

1. Right shoulder pain and superior labral tear with bursitis. (726.10)
2. Right shoulder superior labral tear, anterior-posterior (SLAP).

POSTOPERATIVE DIAGNOSIS:

1. Right shoulder pain and superior labral tear with bursitis. (726.10)
2. Right shoulder superior labral tear, anterior-posterior (SLAP).

OPERATION:

1. Right shoulder arthroscopy with extensive debridement of bursa, synovium, labrum and bone. (29823)
2. Arthroscopic repair of superior labrum anterior-posterior (SLAP) tear. (29807)

ESTIMATED BLOOD LOSS: Minimal

FLUIDS: Less than 500

INDICATIONS: The patient is a 47-year-old gentleman with a superior labral tear and inflammation of the right shoulder who has failed conservative treatment.

PROCEDURE: The patient was taken to the operating room and anesthesia was administered. He was taken to the operating room and placed in the decubitus position. The right arm was suspended in 10 pounds of traction. The right arm was then prepped and draped in the usual sterile fashion. A posterior portal was established and a survey of the joint was performed.

ARTHROSCOPIC FINDINGS: The glenohumeral joint cartilage surfaces were intact. There was a superior labral tear with a Buford complex anteriorly and some fraying of the anterior labrum from the 3 o'clock to the 5 o'clock position. The biceps tendon itself was intact. The rotator cuff was intact. In the subacromial space there was evidence of a significant bursitis present and thickening of the bursa and redness.

A subacromial decompression was carried out with excision of bursa and excision of bone in the subacromial space. The cuff was inspected and found to be intact from the bursal side.

The subacromial space was entered. The labrum was debrided as was the neck of the glenoid and debrided back to stable tissue. The Buford complex was identified. The anterior labrum was debrided as well. The superior labrum was

PATIENT: CONTRERAS, THOMAS
MEDICAL RECORD #: 2889
DATE OF SURGERY: 01/29/09

debrided in the area of the superior labral tear and it appeared to be unstable. Decision was made to proceed with a limited repair of the SLAP tear.

A large working portal was placed anteriorly. A 2.9 Bioraptor anchor was placed at the 12 o'clock position and the superior labrum was secured with a suture anchor into its natural position. Care was taken to avoid undue tension on the biceps tendon and the Buford complex was not closed.

The scope was then removed. The portals were closed with nylon. A sterile dressing was applied.

The patient was transferred to PACU in stable condition.

The first assistant was essential for completion of the case providing assistance with retraction and positioning of the arm.

DAVID JASKWICZ, M.D.

DB: 01/29/09
DT: 01/30/09
DJ/ETS:ftw 0129-015

Lowcountry Orthopaedics and Sports Medicine

93 A Springview Lane
Summerville, SC 29485
Phone: (843)797-5050

PATIENT: CONTRERAS, THOMAS	DATE OF EXAM: 12/12/2008
DOB: 09/25/1961	Patient No: 105791
Physician: SPEARMAN, JAMES	

MRI RIGHT SHOULDER

HISTORY: Right shoulder rotator cuff tendinitis.

TECHNIQUE: Routine MRI of the shoulder was performed on a 1.0 Tesla GE MRI utilizing fat saturated axial PD, oblique coronal T1, oblique coronal fat saturated T2, and T2, and oblique sagittal PD/T2 sequences.

FINDINGS: The patient was imaged in mild internal rotation. The anterior supraspinatus tendon demonstrates irregularity without a defect and no confirmation of a full thickness rotator cuff tear. The appearance of the supraspinatus does suggest tendinitis. There is no atrophy of the rotator cuff muscles.

No glenohumeral joint effusion. No significant fluid in the subacromial/subdeltoid bursa.

The long head biceps tendon is grossly intact. Deformation of the superior glenoid labrum posterior to the biceps labral anchor is suspicious for a tear and there is question of a tiny para-labral cyst medial and superior. Remaining labrum is unremarkable.

The AC joint demonstrates moderate degenerative changes and hypertrophic bone formation. There is a curved acromion.

IMPRESSION:

1. Supraspinatus tendinitis. No evidence of a full thickness rotator cuff tear.
2. Probable superior labral tear.
3. Moderate AC joint arthrosis.

James A. Thesing, D.O.
Electronic Signature - Final Report

DD: 12/12/2008/DT: 12/14/2008

Reports are Considered Final until Marked with Electronic Signature

CONTRERAS, THOMAS J

60 Y old Male DOB: 09/07/1961
363 JANTANA DR, CHARLESTON, SC 29407
Home: 843-344-3387

Guarantor: CONTRERAS, THOMAS J Insurance: THOMAS COOPER TTC Payer ID: PAPER

Appointment Facility: Palmetto Ortho Of Chas W Ashby

JAMES R DEMARCO, MD

08/07/2012

Reason for Appointment

1. EST PATIENT WC

History of Present Illness

Symptoms:
Mr. Contreras is here for follow up on his right shoulder. On 3/29/12, he had arthroscopic major debridement of intra-articular synovitis with coracoid decompression, substantial decompression and bursectomy, and long head of biceps tenodesis. This is the second surgery we have done on this shoulder. On 10/15/10, he had arthroscopic SLAP and excision of glenohumeral ligament from a previous SLAP repair and debridement. This is all result of a workers' comp injury that took place on 10/5/2008. He has finished up supervised PT at Charleston PT on Westley Drive and is doing well, he still has some muscle spasms and pain in the back of his arm, but nothing terrible. He uses Flexon Patch, but has stopped the Celebrex.
Other Medical Problems/Signs:
None to Westley Comp and Charleston PT Westley Drive.

Examination

Shoulder Exam:

ROM

Right ATE 145
Right ER at 0 45
Right IR at 0 12
Right ER at 90 90
Right IR at 90 45

Rotator Cuff

Right IS 5/RXT 50/ADD 60
Right Napoleon 5
Right SS 5

Impingement

Right Hawkins Negative
Right Reverse Hawkins Negative

General Examination:

The patient's shoulder was examined. The wounds were clean and dry. There is no evidence of infection. There was expected erythema and mild edema. There is no evidence of DVT in the upper extremity. The upper extremity was grossly neurologically and vascularly intact. Motor function

was also intact distally.

Assessments

1. Shoulder pain - x10.41 (Primary). Status post arthroscopic major debridement of intra-articular synovitis with coracoid tip decompression, subacromial decompression and bursectomy and loose head of biceps tenodesis. Date of surgery March 28, 2012 DOI 10/09/2012 work comp

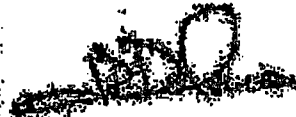
Treatment

1. Shoulder pain

At this point the patient is at MMT and has permanent partial restrictions of less than 40 pounds of overhead lifting with both hands and no more than 20 pounds with his right arm overhead. Less than 30 pounds of two-handed carrying and pushing and pulling. He can do a light to medium level job. He has permanent partial impairment of 0% 3% for biceps atrophy, 3% for loss of internal rotation, 2% for loss of forward flexion and 1% for pain and muscle spasm. I do not predict any further surgical intervention in the next year however if he regains with his pain he may need repeat corticosteroid injections, anti-inflammatory and/or physical therapy.

this is all within a reasonable degree of medical certainty and is determined by the evaluation of permanent impairment fifth edition AMA press.

Follow Up
prn



Electronically signed by JAMES DEMARCO MD, MD
on 08/07/2012 at 04:27 PM EDT

Sign off status: Completed

Palmetto, Ortho Of Chas W Ashly
616 WESLEY DR

Palmetto Orthopaedics of Charleston

ROPER ST FRANCIS PHYSICIANS

James R. DeMarco, MD

Patient Name: CONTRERAS, THOMAS

DOB: 9/25/1961

CHART: 3-64-06-7

615 Wesley Drive

Suite 100

Charleston, SC 29407

(843) 763-2857 Office

(843) 763-2868 Fax

Date of Service: 11/22/2011

MR 7473

CHIEF COMPLAINT: Status post right shoulder SAD and excision of glenohumeral ligament from a previous SLAP repair and debridement. Date of surgery 10/11/2010. Worker's comp. Mr. Contreras returns today. He was having a flareup of pain. I last saw him in May. He ran out of Celebrex, started hurting some more. Thera-Band exercises seemed to be a hit or a miss with him; can help or they can flare him up. He did some yardwork this past weekend, and his shoulder has become somewhat painful. He still has pain over the anterior aspect of the shoulder even when he just hangs from a pull-up bar behind him in extended position. It gets flared up by the simplest of procedures, whether it is lifting or doing light yardwork; even if he comes off the Celebrex, he continues to have pain and discomfort.

PHYSICAL EXAM: General cervical shoulder shows ATE of 140, ER 50, IR to L3 with some pain. SARER 85, SIR of 55. Extension 55 with pain. Abduction 110. Adduction 60. Supraspinatus 4+. He has continued tenderness over the long head of the biceps and coracoid. Positive coracoid impingement symptoms. Tenderness over the AC joint. 1. Infraspinatus 5. Subscap 5. Hawkins 0. Reverse Hawkins 0. Elbows, wrists and neuro reveal full range of motion appropriate for the patient's age without tenderness, effusion, instability, ecchymosis, edema, atrophy or spasticity.

PLAN: At this point, Mr. Contreras continues to complain persistently of long head of the biceps and bicipital groove pain. There is approximately a 5 cm section of the long head of the biceps that we are unable to visualize arthroscopically on a routine arthroscopy; however, on selected patients with persistent pain in this area, we will go and take down the transverse ligament and the bursal sac in this area and visualize the long head of the biceps and certainly at this point do a biceps tenodesis on him. I would also do a coracoid decompression to take off the impingement that he is getting from his coracoid onto the anterior subscapularis and bicipital groove area. He has failed injections. It has been over a year, he continues having pain, and the 1 thing about him is that he has been completely consistent with where his pain is, directly over the bicipital groove. We looked at his biceps in the intra-articular portion. I pulled in as much of the biceps into the joint, and this is typically what we do, and in that region it appeared normal and so I did not decide to look further or release anything. We did remove his previous sutures from his previous repair and did a bursectomy and debridement of the AC joint resection. This did help with some of the other pain, but he is left with biceps pain which now needs to be addressed. This is still considered as worker's comp injury as directly and causally related to his injury on 10/05/2010. This is absolutely the last thing that can be done in the shoulder, and after doing a tenodesis, a coracoid decompression, I told him whatever pain or discomfort is left in the shoulder he will have to live with. We will need to get clearance from worker's comp, and his postoperative course would be similar with physical therapy a couple times a week starting around 4-5 weeks postoperatively and going for about 6 or 8 weeks. If we can get this done, I will see him in the end of December for the surgery.

James R. DeMarco, MD

JRD/jf

DD: 11/22/2011 4:38:00 PM

DT: 11/23/2011 8:20:45 AM

16122350

cc:

Worker's comp

David Seignios, MD

1 of 1

00013

**Palmetto Orthopaedics
of Charleston**
DR. JOHN ST. FRANCIS PHYSICIANS

7473 WA

CONTRERAS, THOMAS

DATE OF BIRTH: 09/25/1961

05/31/11

CHIEF COMPLAINT: Status post right shoulder SAD, excision of glenohumeral [UNCLEAR] previous SLAP repair and debridement. DOS: 10/11/10, Workers' Compensation.

HISTORY: Mr. Contreras returns today. He is having some anterior shoulder pain and discomfort that is worse after sleeping, as he sleeps with his arm elevated over his head. He gets a lot of stiffness and soreness if he does too much with it. He is not having as much pain during the day. He is retired at this point. He does home exercises with light weights.

PHYSICAL EXAMINATION: Exam shows ATE of 140, ER 50, IR to L2-3, SAR ER 85, SAR IR 55, extension 55, abduction 110, adduction 60, supraspinatus 4+, infraspinatus 5, and subscap 5. Tenderness is noted over the long head of the biceps and anterior acromion. Incisions are well healed and he is neurologically and vascularly intact.

PROCEDURE: After discussing with the patient the benefits and risks of a subacromial injection, the patient's right shoulder was sterilely prepped. Then 80 mg of Depo-Medrol and 4 cc of lidocaine were injected without difficulty. The patient tolerated the procedure well.

Wadley II, Gilmore III, MD • R. Marshall Haw, MD • James R. DeMarco, MD • Heather M. McIntosh, MD
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Phone: (843) 884-0302 Fax: (843) 849-9308 Phone: (843) 763-2857 Fax: (843) 763-2868

**Palmetto Orthopaedics
of Charleston**
ROBERT ST. FRANCES PHYSICIANS

7473 WA
CONTRERAS, THOMAS

01/21/11

DOB: 09/25/1961

CHIEF COMPLAINT: Unchanged from previous. DOS: 10/11/10 WC.
HISTORY: Mr. Contreras shoulder is doing fairly well. He is about 4-5 weeks away from retirement at this point. His paper work is in. He feels he is still unable to go back to work. His inflammation and discomfort from being shocked has gone down. He is finishing up his therapy.

PHYSICAL EXAM: He has ATE of 140, ER 50 and IR to L2. SAR ER is 90, SAR IR 55. He has extension of 55, abduction 110 and adduction 60. Rotator cuff strength is 5/5. Supraspinatus is 4+, infraspinatus and subscap are 5. He has some tenderness over the long head of the biceps and anterior clavicle. There is a well healed incision. He is neurologically and vascularly intact.

PLAN: I will keep him out of work. He is in the last 4-5 weeks of retirement and I don't want him to go back and get re-injured. He is doing well at this point. He is not going to be able to return to being a fire fighter. If he needs final permanent restrictions, then he would have to undergo a functional capacity evaluation. He has permanent partial impairment of 7 percent to the right upper extremity, as defined by *The AMA Guides to the Evaluation of Permanent Impairment*, Fifth Edition. This converts to 11 percent right shoulder impairment. There is no foreseeable intervention required within the next year for surgery. If he has any other exacerbation of his pain, he may need injections, anti-inflammatories or repeat physical therapy. I will see him back on a prn basis.

James R. DeMarco, M.D. /Im

CC: Workers' Compensation
Charleston PT

DD: 01/21/11

DT: 01/24/11



Wade H. Gilmore III, MD - R. Michael Hay, MD - James R. DeMarco, MD - Herder M. McIninch, MD
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Phone: (843) 884-4802 Fax: (843) 849-9908 Phone: (843) 763-2857 Fax: (843) 763-2868

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PALMETTO ORTHO

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**Palmetto Orthopaedics
of Charleston**
ROPER ST. FRANCIS PHYSICIANS

Date: 3/30/2010

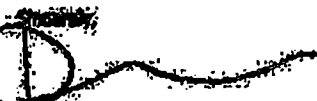
Patient name: Thomas Contreras

DOB: 10/11/2010

To Whom It may Concern,

A VacuTherm Continuous Cold/Compression Therapy Unit is being prescribed for the above referenced patient. Cold therapy is necessary for optimum control of post-surgery edema, the "obitinate enemy" following surgery. Post-surgery swelling and its complications are the most common cause of a lengthier recovery time. With the cold/compression therapy recovery strategy, the pad or "sterile blanket" is applied directly over the surgical site at the end of surgery. With the blanket directly applied to the surgical site, continuous cooling and compression are possible. Water, cooled to an optimum 49F, with constant intermittent compression prevents swelling and pain, allowing the patient a shorter recovery time and faster return to mobility. Most often, patients receiving cold and compression therapy recovery treatment need no prescription for pain. It is generally used continuously (around the clock) for 14-21 days.

In my experience with cold/compression therapy recovery treatment, I have not only found it to allow patients a shorter recovery time, but also to offer a safer method than traditional ice packs, for poses the threat of tissue damage when used for extended periods of time. Using a surgical or wound site imposes a less than optimal schedule of twenty minutes on, twenty minutes off to prevent tissue damage from freezing temperatures. This threat is completely avoided with use of the VacuTherm machine, while dramatically reducing the length of the recovery period and virtually eliminating the need for pain medications.


Dr. James R. DeMarco, M.D.

Waldell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McIsaac, MD
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MP-7473

Roper Maho Roper Ambulatory St Francis JISC

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367		

Dr Demarco

Pre-Admission Physician's Order Form/Posting Slip

Patient Name: Thomas Centrens

[illegible]

Workcamp Campground Services, Inc.
Camp Manager: Kathy Averette, RN
Arlington
ph#: 877-709-2667

1990

11: Kathy,

2937632868

PALMETTO ORTHO

678-985-4874

PAGE 48
02/05

Sorry for the confusion. Here are his notes from his visit in Aug. We are still waiting on most recent dictation. The 2 most applicable ICD9 codes for this surgery are T86.0 - adhesive capsulitis & 719.41 Pain in joint - Shoulder. The CPT code is 29822.

Please let me know what I can do to assist.

Thanks,
Danielle

PRESCRIPTION AND PHYSICIAN CERTIFICATE OF MEDICAL NECESSITY

FILE TO BE PROVIDED BY:

Trillium Services, LLC.

2612 Latch Lane

Suite 102

Mount Pleasant, SC 29466

Thomas Condit

PATIENT NAME

DATE

DATE OF SURGERY

10-11-10

DATE OF INJURY

ARM

ELITE

PROXIMAL

WOUND

ELITE

BACK

EQUIPMENT ORDERED

VASOTHERM PNEUMATIC COMPRESSION DEVICE (OR SUBSTITUTES)
(S&M) AND APPROPRIATE APPLIANCE

718.47
ICD-9 PRIMARY DIAGNOSIS

782.3
ICD-9 SECONDARY DIAGNOSIS

A Vasotherm unit is being prescribed for Cold Therapy has been clinically proven to control post-operative edema, the "silent enemy" following surgery. There have also been numerous studies providing clinical data which supports the enhanced efficacy of cold therapy combined with compression to further reduce post-operative edema as well as the use of narcotics which significantly REDUCES RECOVERY TIME AS WELL AS HEALTH COSTS.

Post-operative swelling and its complications are the most common cause of a lengthy recovery time. With the cold/compression therapy recovery strategy, the single patient use pad or "sterile blanket" is applied directly over the surgical site and the aid of surgery, analgesic/analgesic cooling and compression are delivered to reduce edema. When, enclosed in an optional neoprene bag by its control unit, with constant intermittent compression, prevents swelling and pain allowing the patient a shorter recovery time and faster return to mobility.

The Vasotherm control unit regulates the temperature of the water circulating through the blanket which eliminates the risk of frostbite. Ice, including ice in that simulates only ice water, poses the threat of tissue damage when used for extended periods of time without supervision.

Treatment or COMBLETE DECOMPRESSION THERAPY (CDT), is a combination of skin care, massage, and Manual Lymph Drainage followed by compression therapy. Bandaging and Compression garments are often necessary during and following CDT and stabilizes the reduction of lymphatic fluid volume in the affected area. Radiation to lymphedema is necessary to reduce the risk of infection and decrease pain in the affected area.

Prescription: VASOTHERM PNEUMATIC COMPRESSION DEVICE 782.3 for Vasovagal Arterial Insufficiency
Frequency: Continuous 3 Times/Day 5 Times/Day
Treatment Area: Continuous 50 Min 60 Min 90 Min
Temperature Setting: 65 Degree 105 Degree Contrast (Hot and Cold)
*USE DVT PREVENTION THERAPY AT ALL TIMES WHEN NON-AMBULATORY: Y N
Duration of Need: The above described equipment is medically necessary for rental for:
7 Days 14 Days 21 Days

FAKED

9-27-10
Date

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Palmer Orthopaedics of Charleston

ACCEPT ST FRANCIS PHYSICIANS

7475 MP

CONTRERAS, THOMAS

09/24/10

DOB: 09/25/1961

CHIEF COMPLAINT:

1. Right shoulder loss of internal rotation, status post SLAP repair and removal of a tumor with debridement.
2. Long head of the biceps tendinopathy by exam.
3. No evidence of significant rotator cuff pathology.
4. Significant impingement syndrome. DOI: 10/08/08 WC.

HISTORY: Mr. Contreras is still having pain and discomfort in his right shoulder. He is at the point where he is about to give up on getting back into being a firefighter. He has had discomfort that is certainly worse on the right than the left. He still has a little bit on the left. He wants to talk about non-surgical vs. surgical options. He has been doing some physical therapy but really hasn't progressed well with that. He takes some over the counter medications. He has some pain with sleep. He is still on restrictions at work.

PHYSICAL EXAM: Exam is recorded on the shoulder exam sheet and is basically unchanged from previous exams. He has ATR of 155, IR to 134 and ER 45. SAR ER is 30, SAR IR 20. His rotator cuff strength is 5. Hawkins is 1, reverse Hawkins is 0 and O'Brien's is 0. Partial tear is 0. His elbows and wrists are normal. He is neurologically and vascularly intact. Skin and lymphatics are normal. DTRs are equal bilaterally.

PLAN: The risks and benefits of non-surgical vs. surgical treatment were discussed. The patient has undergone and failed several conservative measures, including a home exercise program, therapy, injections, medications and activity modification. I feel that the benefits of surgery outweigh the risks involved. The patient agrees with this. We talked about the details of the surgical procedure. The patient was given readouts and we discussed the risks and benefits of surgery. We talked about the pre, post-op and post-op course and the expected intra-operative and post-operative experience and rehab. I went over the need for pre-operative medical clearance. We gave the patient readouts detailing all of this and all questions were answered. He is as good as he is going to get if he doesn't have surgery. I think he deserves one additional look. He is still

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PALMETTO ORTHO

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PALMETTO ORTHO

PAGE 02/05

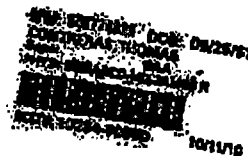
Palmetto Orthopaedics
of Charleston
 ROGER ST. FRANCIS PHYSICIANS

WA
 7473 BP
 CONTRERAS, THOMAS
 09/24/10
 DOB: 09/25/1961
 PAGE 2

Des
 10/11/12
 Dr DeMarco

We need to make sure his biceps is fully released from scar tissue. He may actually need a tenodesis to get rid of this discomfort. We need to return him back to full range of motion with a manipulation as well, decompression and close evaluation of the rotator cuff to make sure there are no subtle partial cuff tears that would need a stem cell stimulation with a microfracture. I told him we could do all of that. We gave him a prescription for Lortab and all appropriate handouts. He will need clearance by Dr. Seignious pre-op. I will see him back once we get clearance from Workers' Compensation for his surgery.

James R. DeMarco, M.D.
 CC: David Seignious, M.D. 797-1050
 David Jascwitz, M.D. 797-3633
 Workers' Compensation
 DD: 09/24/10
 DT: 09/27/10



Walter H. Glaser, MD • R. Michael Flinn, MD • James R. DeMarco, MD • Jonathan M. McManis, MD
 100 Wings Way, Suite 501, Mt. Pleasant, South Carolina 29463
 Phone: (843) 994-0900 Fax: (843) 994-0905
 501 Wilbur Road, Suite 100, Charleston, South Carolina 29405
 Phone: (843) 780-0000 Fax: (843) 780-0000

Patient: CONTRERAS, THOMAS J

MR#: 000774899

Encounter: 1020400050

Page 2 of 4

SECRET

SECRET

Have you met or do you currently have any of the following? Please check all that apply:

Other medical problems:

Any problem with the following types of asynchronism? please check:

General IV Sedation Local Dental Anesthesia

If you checked any of the above types of unemployment, please explain the problem:

Diabetes	Bleeding problems	Anesthesia Problems	Other (describe below)

Are you working now? YES NO What is your occupation? AGENT

Single Married Widowed Live Alone Live With Others

Do you smoke tobacco? YES NO How much? _____ # of years? _____

Do you drink alcohol? YES ☒ How much? _____

History of substance abuse? YES ☒ NO ☐ If yes, please describe _____

Pregnant or could be pregnant? YES NO

[The page contains faint, illegible markings.]

Please circle and describe the symptoms that pertain to you:

[illegible]

ॐ नमो भगवते वासुदेवाय ॥

18/28/2008 17:22 9644418577

DAREID

PAGE 05/12

Confidence Scale

Instructions: Please circle the level of confidence you have for doing each activity today.

	Not confident in my ability to perform	Very confident	Intermediate confidence	Some confidence	Not confident in my ability to perform	Not applicable
1. Lying in bed	1	2	3	4	5	6
2. Getting out of bed	1	2	3	4	5	6
3. Walking slowly to toilet	1	2	3	4	5	6
4. Bathing	1	2	3	4	5	6
5. Dressing	1	2	3	4	5	6
6. Eating/Drinking	1	2	3	4	5	6
7. Walking	1	2	3	4	5	6
8. Running	1	2	3	4	5	6
9. Climbing stairs	1	2	3	4	5	6
10. Driving	1	2	3	4	5	6
11. Shopping	1	2	3	4	5	6
12. Working	1	2	3	4	5	6
13. Playing sports	1	2	3	4	5	6
14. Walking long distance	1	2	3	4	5	6
15. Walking short distance	1	2	3	4	5	6
16. Driving	1	2	3	4	5	6
17. Climbing stairs	1	2	3	4	5	6
18. Running	1	2	3	4	5	6
19. Playing sports	1	2	3	4	5	6
20. Walking long distance	1	2	3	4	5	6
21. Walking short distance	1	2	3	4	5	6
22. Driving	1	2	3	4	5	6
23. Climbing stairs	1	2	3	4	5	6
24. Running	1	2	3	4	5	6
25. Playing sports	1	2	3	4	5	6
26. Walking long distance	1	2	3	4	5	6
27. Walking short distance	1	2	3	4	5	6
28. Driving	1	2	3	4	5	6
29. Climbing stairs	1	2	3	4	5	6
30. Running	1	2	3	4	5	6
31. Playing sports	1	2	3	4	5	6
32. Walking long distance	1	2	3	4	5	6
33. Walking short distance	1	2	3	4	5	6
34. Driving	1	2	3	4	5	6
35. Climbing stairs	1	2	3	4	5	6
36. Running	1	2	3	4	5	6
37. Playing sports	1	2	3	4	5	6
38. Walking long distance	1	2	3	4	5	6
39. Walking short distance	1	2	3	4	5	6
40. Driving	1	2	3	4	5	6
41. Climbing stairs	1	2	3	4	5	6
42. Running	1	2	3	4	5	6
43. Playing sports	1	2	3	4	5	6
44. Walking long distance	1	2	3	4	5	6
45. Walking short distance	1	2	3	4	5	6
46. Driving	1	2	3	4	5	6
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228. Running	1	2	3	4	5	6
229. Playing sports	1	2	3	4	5	6
230. Walking long distance	1	2	3	4	5	6
231. Walking short distance	1	2	3	4	5	6
232. Driving	1	2	3	4	5	6
233. Climbing stairs	1	2	3	4	5	6
234. Running	1					

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CAREID

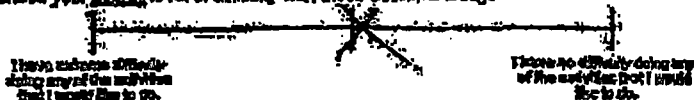
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OPTIMAL INSTRUMENT

Difficulty Scale

Instructions: Please circle the level of difficulty you have for each activity today.	Able to do without any difficulty	Able to do with mild difficulty	Able to do with moderate difficulty	Able to do with severe difficulty	Unable to do	Not applicable
1. Lying flat	1	2	3	4	5	6
2. Rolling over	1	2	3	4	5	6
3. Moving from lying to sitting	1	2	3	4	5	6
4. Sitting	1	2	3	4	5	6
5. Standing	1	2	3	4	5	6
6. Reaching/shopping	1	2	3	4	5	6
7. Walking	1	2	3	4	5	6
8. Walking - short distance	1	2	3	4	5	6
9. Walking - long distance	1	2	3	4	5	6
10. Walking - outdoors	1	2	3	4	5	6
11. Walking - stairs	1	2	3	4	5	6
12. Running	1	2	3	4	5	6
13. Jumping	1	2	3	4	5	6
14. Running	1	2	3	4	5	6
15. Pushing	1	2	3	4	5	6
16. Pulling	1	2	3	4	5	6
17. Reaching	1	2	3	4	5	6
18. Grasping	1	2	3	4	5	6
19. Lifting	1	2	3	4	5	6
20. Carrying	1	2	3	4	5	6

22. Thinking about all of the activities you would like to do please mark an "X" at the point on the line that best describes your current level of difficulty with these activities today.



23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to climb stairs, kneel, and hop without any difficulty, you would choose: 1, 12, 2, 2, 13)

1, 4, 2, 5, 3, 1

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Adopted/Revised in July 2005 and August 2006 with permission of APTA from E. Jeanne AA, MEdina TJ, Dr. Vello AP, et al. Development and testing of a self-report instrument to measure outcome: Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIM). Phys Ther. 2006;86:515-530.

PATIENT PROGRESS AND TREATMENT RECORD

Nama

PATIENT
C. Thomas

Case No. _____

[illegible]

PATIENT PROGRESS AND TREATMENT RECORD



Attachment A

CareTM Therapy Program
PATIENT PAIN INDEX FORM

Patient Name: Thomas Corcoran
Diagnosis: Chronic Pain
Date of Injury: 10/1/07
Date: 11/2/08

Pain Index

Please indicate how much pain you feel at this time on the scale below.

No pain 7 Worst pain imaginable

SCORE: 7 / 10

Improvement Index

(Do not complete on initial visit. Please indicate the amount of improvement you have made since the beginning of your physical therapy treatment on the scale below.)

No improvement 70 Complete recovery

SCORE: 70 / 100 x 100% = 70

CLIN# 17000704

Corvel Scan Date: 10/19/2010

Roper Hospital
OPERATIVE REPORT
10/11/2010

CONTRERAS, THOMAS
000774899
James DeMarco, MD
Page 1

SERVICE: Orthopedics.

ATTENDING: Dr. James DeMarco.

ASSISTANT: None.

PREOPERATIVE DIAGNOSES:

1. Right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament.
2. Right shoulder intra-articular synovitis.
3. Right shoulder type I superior labrum anterior to posterior tear.
4. Right shoulder subacromial impingement syndrome and bursitis.
5. Right shoulder acromioclavicular joint osteoarthritis.

POSTOPERATIVE DIAGNOSES:

1. Right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament.
2. Right shoulder intra-articular synovitis.
3. Right shoulder type I superior labrum anterior to posterior tear.
4. Right shoulder subacromial impingement syndrome and bursitis.
5. Right shoulder acromioclavicular joint osteoarthritis.

OPERATION:

1. Right shoulder major dbridement of a superior labrum anterior to posterior tear, intra-articular synovitis and release of middle glenohumeral and superior coracohumeral ligaments and rotator interval release. (CPT code 29823)
2. Right shoulder subacromial decompression and bursectomy. (CPT code 29826)
3. Right shoulder acromioclavicular joint resection (CPT code 29824).

ANESTHESIA: General with interscalene block.
ANESTHESIOLOGIST: Dr. Elden Sherman.

ESTIMATED BLOOD LOSS: Minimal.

IMPLANTS: None.

COMPLICATIONS: None.

Physician: CONTRERAS, THOMAS

MRN: 000774899

Encounter: 1Q28400058

Page: 1 of 3

Chrt # 000774899

Roper Hospital
Operative Report
10/11/2010

CONTRERAS, THOMAS
000774899
James DeMarco, MD
Page 2

HISTORY: Mr. Contreras is a 49-year-old gentleman who had an on the job injury as a firefighter and still had pain and discomfort in the right shoulder despite two previous arthroscopies. He had a previous repair superior labrum that did not help. The hardware was then removed and brisement was carried out. He is continuing to have pain and discomfort over that area. He has failed all forms of conservative management, including injections, therapy, anti-inflammatories, activity modifications and job restrictions. He has signed a consent and wishes to proceed.

DESCRIPTION OF OPERATION: The patient was taken to the operating room, induced with general anesthesia and received an interscalene block. He was placed in the beach chair position. Time out was called and confirmed. His right arm was then double prepped and draped in the usual sterile manner.

Standard anterior and posterior portals were established into the joint. Chondral surfaces, humeral head and glenoid were within normal limits. He did show some grade 1 to 2 changes on the glenoid but he had normal bare spots on the glenoid and posterior humeral head. There was type 1 SLAP tear and fraying. There was no instability to the superior labrum. The biceps was pulled and the joint seemed to be completely normal. There was significant thickening of the middle glenohumeral ligament with induration of the tissues anteriorly. No previous hardware sutures could be found. The upper subscapularis was intact though again there was encasing of the subscapularis with the superior and middle glenohumeral ligaments keeping it from moving freely, and some of this tissue did interfere also with the biceps gliding in and out of the bicipital groove. The undersurface of the rotator cuff including supraspinatus, infraspinatus, teres minor, were all within normal limits. The axillary pouch showed no loose bodies and there was no significant synovitis inferiorly. Posteriorly there was some labral fraying but was otherwise within normal limits. Went through anterior portal. Good brisement was carried out of the synovium. The undersurface of the type 1 SLAP tear, the middle glenohumeral and superior coracohumeral ligaments were released back to a stable and much more flexible position. We were able to see that in full internal and external rotation there was no undue pulling on the biceps like it was at the beginning of the case prior to the resection. Once we were happy with the

CONTRERAS, THOMAS

MRN: 000774899

Accession: 1028400050

Page 2 of 3

CONTRERAS, THOMAS

000774899

James DeMarco, MD

Page 3

Roper Hospital
 OPERATIVE REPORT
 10/11/2010

bridement within the joint in the subacromial space there was seen to be a mild amount of bursitis. This was removed with the shaver and ArthroCare Wand through both the posterior and lateral portal. The CA ligament was recessed and there was a type 2+ sloping acromion. There was some bursal sided rotator cuff fraying but no significant tearing into the cuff. There was no full thickness or significant partial thickness tear. We then used the 5.5 mm bur and acromioplasty was performed utilizing posterior chamber technique. Once we were satisfied with the acromioplasty, the AC joint was examined and seen to be quite osteophytic and there was no cartilage present. Therefore, we did a distal clavicle resection taking out about 10 to 12 mm distal clavicle through posterior and then a direct anterior approach with the bur. We checked this from orthogonal views and made sure that the resection was complete and parallel. Once satisfied with that, went in the subacromial space, drained the area after doing a final cleanup, closed the portals with 3-0 nylon, large Steri-Strips. Took the arm through a full range of motion to make sure that was no restrictions and dressed the wound sterilely, awoke the patient and brought to the recovery room in stable condition. No complication. Sponge and needle counts were correct. Total surgical time was 1 hour and 15 minutes.

James DeMarco, MD

TR: xaw DD: 10/11/2010 2:35 P TD: 10/12/2010 1:17 P JOB#: 00176408
 DOC#: 1828476

CD: James DeMarco, MD

Patient: CONTRERAS, THOMAS

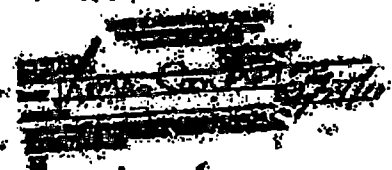
MRN: 000774899

Encounter: 1028400050

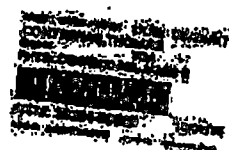
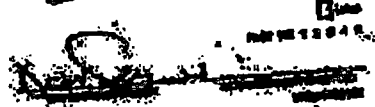
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7473
m8

Thomas Contreras
Surgery on 9/30



OK for
phallor
surgery
⊕ Adm
⊕ Htn



PALETO DRUG
NDS 9/17 R
FIVE R/A
STANT

Patient: CONTRERAS, THOMAS J

MRN: 000774999

Encounter: 1028400050

Page 2 of 3

Post-Operative
ANESTHESIA POST OP ORDERS - PACU USE ONLY

MR: 00774899 0001-08/24/01
CONTRACTOR: THOMAS
WITH DEMONSTRATION POWER

PAIN CONTROL - IV AS NEEDED FOR PAIN

ACCT: 10264-00060 10/11/10

☐ HYDROMORPHINE 12.5 mg/50 mL - 50 mg/100 mL	☐ MORPHINE 1 mg - 5 mg
Frequency (check 1): ☐ q 5 min ☐ q 10 min ☐ q 15 min	Frequency (check 1): ☐ q 5 min ☐ q 10 min ☐ q 15 min
Maximum dose: ☐ 5 mg	Maximum dose: ☐ 5 mg
☐ CLONIDINE 0.2 mg - 4 mg	☐ Other
Frequency (check 1): ☐ q 5 min ☐ q 10 min ☐ q 15 min	Dose: ☐ 5 mg
Maximum dose: ☐ 5 mg	Frequency: ☐ 5 mg

ANTIEMETIC - IV AS NEEDED FOR NAUSEA / VOMITING

☐ PROCHLORPERAZINE 10 mg - 20 mg	☐ PROCHLORPERAZINE 0.5 mg
Frequency (check 1): ☐ q 5 min ☐ q 10 min ☐ q 15 min	Frequency (check 1): ☐ q 5 min ☐ q 10 min ☐ q 15 min
Maximum dose: ☐ 5 mg	Maximum dose: ☐ 5 mg
☐ PROCHLORPERAZINE 0.5 mg - 1.5 mg	☐ Other
Frequency (check 1): ☐ q 5 min ☐ q 10 min ☐ q 15 min	Dose: ☐ 5 mg
Maximum dose: ☐ 5 mg	Frequency: ☐ 5 mg

☐ **OPISONE** 12.5 mg/50 mL - 50 mg/100 mL

☐ **0.3 UNICARD** 0.3 mg - 0.6 mg for 24 hours

Diagnostic Studies: ☐ Chest Xray ☐ ABG ☐ Hgb/Hct ☐ BUN/Cr ☐ BMP ☐ Coagulation ☐ Urinalysis ☐ ECG ☐ PFT

☐ **Infusion** See Continuous Peripheral Nerve Catheter Post Op Orders

Discharge from PACU per Phase 1 & 2 Recovery PACU Protocol

Anesthesiologist Post Procedure Assessment completed

Other Orders

Physician Signature: *[Signature]* Date: 10/11/10 Time: 11:35

Nurse Signature: *[Signature]* Date: 10/11/10 Time: 11:40

POST-OPERATIVE

PREADMISSION LABORATORY REQUISITION ROUTING FORM I

PREPARED BY J. H. DODGE DATE 10/1/54 TIME 10:00 AM	RECEIVED BY J. H. DODGE DATE 10/1/54 TIME 10:00 AM	RECEIVED BY J. H. DODGE DATE 10/1/54 TIME 10:00 AM	RECEIVED BY J. H. DODGE DATE 10/1/54 TIME 10:00 AM

[illegible]

PATLOR:CONFIDENTIAL, THOMAS J

REF: 000774882

ENCLOSURE: 1028400050

Page 1 of 1

CONFIDENTIAL
 1007710
 1007710

POSTOPERATIVE/POSTPROCEDURE PROGRESS NOTE

Operating Room: Operating Room 1
 Operative/Procedure(s) Performed and Description(s): Include Implanted Device(s)

RT. Shoulder Trauma Surgery
SAD, AC & ROTATOR

Name of Primary Surgeon: Dr. [Signature]
 Assistant:

Physician:

Estimated Blood Loss: ☒ No ☐ Yes; list amount

Specimen(s) Removed: ☒ Yes, list below

Final/Post Procedure Diagnosis: Rotator Cuff Tear
AC Joint Injury

Physician Signature: [Signature] Date: 9/27/11 Time: 1:00



Patient: CONFIDENTIAL, THOMAS J

MEM: 508774899

Encounter: 1028400050

Page 1 of 1

Roper Hospital

Patient Name: CONTRERAS, THOMAS
 Date of Birth: 08/23/1981 Gender: M
 MRN: 000774899 Account Number: 1028400050
 Date AMB Admit Date: 10/11/10 7:22
 Height: 173 cm Weight: 89 kg

Outpatient DISCHARGE Medication Orders

Attending MD: DEMARCO MD, JAMES R MD

Allergies: Latex, PENICILLINS

Confirmed Medications

Current Home Medications (Including OTC Herbs - Sorted by Class)

Medication - Brand Name	Dose	Route	Frequency	Last Dose Taken	Continue	Discontinue
Aspirin-aspirin CFC free 330 mg-21 mg/INH AERA - Advair HFA 250-21mg	2 PUFF	Inhalation	TWICE DAILY	10/11/10 0:00	☒	☐
blepharol-hydrochlorothiazide 5 mg-0.25 mg TAB - Zias	1 tab	Oral	DAILY	10/11/10 0:00	☒	☐
calcitonin 100 mg CAP - Calceon	100 mg	Oral	TWICE DAILY	10/11/10 0:00	☒	☐
fenofibrate 180 mg TAB - Allergre	180 mg	Oral	DAILY	10/10/10 0:00	☒	☐
lorazepam 10 mg TAB - Serenol	10 mg	Oral	DAILY	10/11/10 0:00	☒	☐
Multivitamin TAB - Daily Multiple Vitamins	1 tab	Oral	DAILY	10/11/10 0:00	☒	☐
omega-3 polyunsaturated fatty acids CAP - Fish Oil	Unknown	Oral	DAILY	10/11/10 0:00	☒	☐
omeprazole 20 mg DRG - Prilosec	20 mg	Oral	DAILY	10/11/10 0:00	☒	☐

DRUG	DOSE	ROUTE	FREQUENCY	COMMENTS
Olanzapine	5 mg	Oral	Once daily	for anxiety
Zolpidem	12.5 mg	Oral	Once daily	for sleep

OUTPATIENT DISCHARGE INSTRUCTIONS:

No changes to home medications unless indicated above.

Please share these instructions and address any questions with your primary care physician.

Physician Signature: *[Signature]*

Date: 10/11/10

Time: 09:30

Nurse Signature: *[Signature]*

Date: 10/11/10

Time: 11:40

This is not a Prescription Form.

10/11/2010 07:45:28AM Page 1 of 2

Patient: CONTRERAS, THOMAS J

MRN: 000774899

Encounter: 1028400050

Page 1 of 2

Reper Hospital

Patient Name: CONTRERAS, THOMAS
 Date of Birth: 08/28/1961 Gender: M
 MMRN: 000774899 Account Number: 1028400050
 Unit: AMB Admit Date: 10/11/10 7:22
 Height: 173 cm Weight: 89 kg

Outpatient DISCHARGE Medication Orders

Discharge patient on (date): 10/11/10

☐ May give patient one dose of outpatient prescription pain medication prior to discharge

Diet: _____

Activity: _____

Dressing/Wound Care: _____

Referrals/Home Care: _____

Additional instructions: _____

Follow up appt for Lab/Xrays: _____

Follow up appt with MD: _____

OUTPATIENT DISCHARGE INSTRUCTIONS:

No changes to home medications unless indicated above.

Please share these instructions and address any questions with your primary care physician.

Physician Signature: _____

Date: 10/11/10 Time: 08:30

Nurse Signature: _____

Date: 10/11/10 Time: 11:00

This is not a Prescription Form.

10/11/2010 07:45:28AM Page 2 of 2

Patient: CONTRERAS, THOMAS J

MMR: 000774899

Encounter: 1028400050

Page 2 of 2

CONTRERAS, THOMAS J
 MD
 PHYSICIAN/CO-MD, JAMES R
 1007710
 10224-00050

STANDARD SHOULDER ARTERY SCOPY POST-OP ORDERS

1. Discharge home when stable.
2. The patient is to stay in their home except for as follows as below. The patient may come out of the house to shower as long as the elbow is kept by the side. The patient is to sleep in the house.
3. Exercises:
 - (1) None
 - (2) Flexion/extension
 - (3) Range of motion exercises of the elbow with the elbow kept straight.
4. Pain pump may come out in 72 hours. At that point, the patient can take off all of the dressings except the dressing over the incision. Remove the dressing over the incision, wash the skin and pull the catheter straight out of the skin. A Band-Aid may be needed if the pain pump catheter site does not stop bleeding.
5. The patient is to take the pain pump every 2-3 hours for 3-5 minutes each time. If the pain pump has been taken out and the dressings have been taken off, the patient may get the incision and the catheter site wet in the shower.
6. The patient should already have a pain medication prescription.
7. The patient should already have a follow-up appointment at my office in 4 to 7 days. Please make one if not already scheduled.
8. Other special orders:

THOMAS J. CONTRERAS, MD

Copy given
 to patient

[Signature]

**UPPER EXTREMITY - ORTHOPEDIC
OUT PATIENT POST OPERATIVE
INSTRUCTIONS**

GENERAL INFORMATION

- You may experience lightheadedness, dizziness, sleepiness, headache, nausea, sore throat, or muscular pain following surgery.
- If you develop a fever, (over 101°), chills, bleeding, pain, swelling, or nausea/vomiting that is greater than instructed to expect, or difficulty breathing, call your doctor.
- Your reflexes will be diminished after receiving anesthetic drugs:
 - Do not operate a vehicle for 24 hours
 - Do not drink any alcoholic beverages for 24 hours
 - Do not operate any machine for 24 hours
 - Do not smoke for the next 24 hours
 - Do not stay alone for the next 24 hours
 - Avoid making any important decisions for the next 24 hours

DIET/FLUIDS

- Begin with liquids and light foods (soups, gelatin, etc)
- Progress to normal diet if you experience no nausea

ACTIVITY

- You are advised to go **DIRECTLY** home from the hospital.
- May shower after Pain Pump (if you have one) and dressings are removed
- Rest your activities and rest for the day

MEDICATIONS

- Follow your Discharge Medication Sheet, as instructed
- If ordered, begin any newly prescribed medications. Discontinue use if: nausea, vomiting, itching or rash develops. Call your doctor

SPECIFIC INSTRUCTIONS:

- If you have a dressing, keep it clean and dry for 72 hours. Then remove the dressing but keep the steri strips in place. Expect some clear or blood tinged drainage from the incision.
- Observe operative arm / fingers for circulation changes: numbness, tingling, pale color, cold to touch
- Apply ice pack to operative site every 2-3 hours for 30 minutes while awake
- If given a sling, keep it on at all times during sleep. Remove sling for exercise and to shower as long as the elbow is kept by your side
- Exercise: ☐ None ☐ Pendulum ☐ Range of Motion of elbow with elbow kept tightly at side
- If you have a Pain Relieving Pump removed after 72 hours by 1) removing tape covering the catheter where it enters the skin; 2) pull the catheter straight out of the skin; 3) apply a bandaid should it drain; 4) Refer to the brochure for further information.

ADDITIONAL INSTRUCTIONS:

For Dr. [Signature] Dr. [Signature]

FOLLOW-UP CARE: Call the office for an appointment.

You should see Dr. [Signature] in 4-7 days

These discharge instructions have been explained to patient and/or responsible person. I have read and fully understand the above instructions. I also grant permission for this facility to contact me post procedure for a followup phone call.

10/11/10 [Signature] [Signature] [Signature]
Nurse [Signature] Patient/Responsible Person [Signature]

Revised: 6/09

RECEIVED: 06/28/11
CONVEL SCAN
FIVE-ONE-ONE-ONE-ONE
100710

MRN: 74899
 I: CONTRERAS, THOMAS
 DOB: 07/23/81
 Page: DEMANCO-MD, JAMES R
 10/17/0712
 Acc: 1004-0000

Page 1 of 2

Roper Hospital

To the Patient (or parent, guardian, or legal representative) (YOU)

Before Roper Hospital and/or Bon Secours St. Francis Hospital and any of its departments (the HOSPITAL) may provide you inpatient or outpatient services YOU must know what services YOU will receive, consent to them, agree to how to pay for them, and accept how the HOSPITAL will use your medical record. The HOSPITAL requests your consent to TWO (2) different parts of this form. Please read carefully Part I on treatment and other matters AND Part II on the use of your patient information. YOU may request that this form be read to YOU. Be sure to ask any questions YOU may have about it. When YOU fully understand the form's content, please sign it in the place indicated on the back of the form. In advance, THANK YOU very much for your cooperation in meeting the HOSPITAL'S responsibility to YOU and to the community it serves.

PART I**CONSENT TO TREATMENT**

YOU authorize your physician or a designated qualified assistant to provide YOU medical treatment. YOU consent to all HOSPITAL medical or diagnostic care ordered for YOU during his visit as an outpatient or stay in the HOSPITAL. This consent includes testing for infectious such as hepatitis B and HIV and providing blood or body fluids for such tests in order to protect YOU and for those who provide YOU services.

PAYMENT FOR SERVICES AND INSURANCE

YOU are already responsible for paying for all provided services. The HOSPITAL will accept assignment of your payment responsibility to others. This includes health insurance, Medicare, Medicaid, workers' comp, and different types of liability, accident, and disability insurance policies. YOU agree that the assigned Payment responsibility is covered by current, valid and in effect insurance arrangements and that YOU will promptly pay any required co-pay amounts and unpaid deductibles. If YOU are receiving Medicare benefits for the services provided, an assignment of benefits includes those for physical services that were part of the HOSPITAL's services to YOU.

YOU (patient or agent accepting financial responsibility) guarantee payment to the HOSPITAL for ALL UNCOVERED SERVICES and any unpaid, billed amounts not covered by insurance if the applicable benefit plan allows collection of the unpaid balance. YOU understand and accept that your physician's orders may include services not paid by benefit plans but will be provided to you by the HOSPITAL. Also, YOU accept that benefit plans may deny payment for what YOU believed were covered services resulting in your responsibility for paying for these services. YOU may be billed for the professional component of any hospital services, such as the professional component for clinical laboratory tests. If it becomes necessary, the Hospital can assist you in applying for financial assistance through Federal, State and Local programs.

Should any remaining account balance produce a financial burden to YOU, please inform the HOSPITAL of your hardship. The HOSPITAL will then give YOU the opportunity to apply for financial assistance.

VALUABLES

YOU accept full responsibility for your valuables especially money and jewelry. The HOSPITAL does not accept an liability for your valuables. The HOSPITAL expects YOU will entrust any valuables to family or friends for safekeeping or deposit them in the HOSPITAL safe provided for that purpose. This is especially important when you are an inpatient, but this responsibility also extends to when YOU are an outpatient and must change into a HOSPITAL gown, remove jewelry or be sedated for a procedure.

SPECIAL NOTE FOR MEDICARE OR CHAMPUS PATIENTS

YOU acknowledge and certify by your signature that all your information provided to the HOSPITAL for Medicare or Champus benefits is correct and YOU agree to allow the HOSPITAL OR OTHERS that have information on your Medicare or Champus benefits claim to provide the information to Medicare, Champus, or their agents in order for them to determine your eligibility for benefits. To carry out this activity, the HOSPITAL may use a copy rather than the original of this current form. YOU also, acknowledge receipt of the "Important Message from Medicare" or "Important Message from Champus" forms, which does not waive any of your rights for a review or make YOU liable for payment.

THE HOSPITAL

Patient: CONTRERAS, THOMAS J

MRN: 000774899

Encounter: 1028400030

Page 1 of 2

Page 2 of 2

 MR. DEMARCO, JAMES R
 10/11/10 07:22
 ACCT#: 1020400000

Roper Hospital

PART II

Consent to the Use and Disclosure of Protected Health Information

YOU agree to honestly, completely, and correctly provide all requested information and permit the HOSPITAL to share your medical record as applicable under the law with your physician, your insurers, Medicare, Medicaid, or their designated agents. They may review your record, copy it in full or in part in order to obtain billing and payment information and for insurers (private or government) to determine whether your services are covered by them. YOU agree to allow the HOSPITAL to use your record made during his visit at his time or later to meet its required reporting duties regarding your care and to collect payment for the services YOU received. YOU agree for your doctor to direct copies of your medical records to other physicians, hospitals, and other healthcare facilities, as they deem necessary for continuity of care. YOU also agree to have your name posted on scheduling boards and outside your hospital room.

Specific uses of your protected information

The HOSPITAL originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any other plans for future care or treatment. This information serves as:

- A basis for planning care and treatment
- A means of communication among the many health professionals who contribute to your care (this includes posting your name on scheduling boards or outside your patient room)
- A source of information for applying diagnosis and surgical information to your bill
- A means by which a third-party payer (usually your insurance company or the government) can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

Your signature below acknowledges that YOU received the Notice of Information Practices that provides a description of information uses and disclosure practices. YOU accept and understand that YOU:

- Have the right to review the NOTICE prior to signing this consent.
- Accept that the HOSPITAL reserves the right to change the NOTICE and its information practices, for past, current, or future information. The new notice will contain the effective date on its first page and be made available on our Web site.
- Have the right to object to the use of your health information for the HOSPITAL's patient directory.
- Have the right to request restrictions on the use or disclosure of your health information to carry out treatment, payment, or healthcare operations and to correct error(s) in your record. The HOSPITAL, however, is not required to agree to the restrictions requested.

- May revoke this consent in writing that YOU provide to the HOSPITAL. The revocation does not apply to any uses of your information made by the HOSPITAL in reliance upon this consent from and on the belief that your consent was still effective.
- Your signature acknowledges that YOU have been provided with information regarding the Lewis Blackman Patient Safety Act and the HOSPITAL's Patient Assistance Program as found in the RSHM Patient Handbook.

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) PART I AND PART II AND FULLY UNDERSTAND AND AGREE TO THE CONTENT.

Patient / Agent

Date

8/10/16

If agent, what is relationship to patient?

Parent, guardian, legal representative

Date

Witness (when form is accepted verbally, by telephone or by electronic means)

Revised: 03-08; 1009

 ROPER HOSPITAL
 (70041)

Patient: CONERREAS, THOMAS J

MRN: 000774000

Encounter: 1020400050

Page 2 of 2

00041

FROM: WASHINGTON DC: 2/22/81
CONTRERAS, THOMAS
FROM: TCA
PHYS: DEMARCO TO JAMES R

10/13/54

DATE 10-21-05

1807/18

Principal/preoperative diagnosis: STRESS

Corrosive conditions: See notes

Course of action planned: See MUA, SOS & Security

Physician Signature: _____ Date: 10/11 Time 07:30

Update to the History and Physical if appropriate

- ☐ The patient has had no changes.
- ☐ The patient has been re-examined and the following changes have occurred:

Physician Signature Date Time

Page 1 of 1

ANESTHESIA RECORD VITAL SIGNS

REF ID: A66016

100

Approved: D. A. [Signature] Last Initials: D. A.

17-00000

Doc: 007700 Doc: 007257

1999

11-11-68

10-11-68

ACCTA 2002-2003

1990

and immediately prior to induction. Cardiac catheterization for pressure measurements

[illegible]

Washburn	Chas White - slide - 800
Washburn	Washburn - 800
D. H. H.	Hunter - 800

Patient: CONTRERAS, THOMAS

-XREF: 000874959

Printer: 1020460555

● 2010年10月10日

CHART

Chm # 17200709406

ADTA 100-4-0000

104710

[illegible]

Bon Secours St. Francis Hospital
2065 Henry Technburg Drive
Charleston, SC 29414
843-402-1000

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS
Medical Rec. Number: 000774889
Arrival Date: 10/08/2008 18:49
Visit Date: 10/08/2008 19:01

Account Number: 0828201311
Birthdate: 09/25/1981
Primary MD: Patient has no PCP

Vital Signs/Data

19:01	98.1 F Oral	89 /min	118 /min	105/97 mm hg	98% on Room air	7/10

Allergies

No known allergies (VS2 10/08/2008 19:01)

Chief Complaint

Soft tissue injury to posterior right shoulder. (VS2 10/08/2008 19:01)

Pre-Hospital Treatment

Patient arrived by private transportation. (VS2 10/08/2008 19:01)

Triage

No known allergies (VS2 10/08/2008 19:01)

No language barrier (VS2 19:01)

History comes from patient (VS2 19:01)

Chief complaint was about the neck (VS2 19:01)

Patient has no history of tobacco use (VS2 19:01)

Patient denies use of alcohol (VS2 19:01)

Patient denies drug use (VS2 19:01)

Patient is married to the mother of his child (VS2 19:01)

Height/Weight

Hgt 68 inch (VS2 10/08/2008 19:01)

Wgt 103.6 kg (VS2 19:01)

Current Medications

Patient is on medications. (VS2 10/08/2008 19:01)

Nursing Assessment

GENERAL

NEGLECT/ABUSE: Survey shows NEGATIVE risk for this patient. (VS2) 10/08/2008 19:01

MENTAL STATUS

Normal ambulatory status. Alert, oriented and fully verbal. (DD4) 10/08/2008 20:21

NEUROLOGIC

Alert and oriented x3. Speech clear. Responds to commands. Moves all extremities. (DD4) 10/08/2008 20:21

SKIN

Skin is warm, dry and intact with normal color and turgor. The skin over the right shoulder is intact without visible abrasion or laceration. There is pain and swelling noted over the right shoulder. No active bleeding noted over the right shoulder. No local drainage. (DD4) 10/08/2008 20:21

Bon Secours St. Francis Hospital
2085 Henry Teckenburg Drive
Charleston, SC 29414
843-402-1000

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS

Account Number: 0828201811

Medical Rec. Number: 000774899

Birthdate: 08/25/1961

Arrival Date: 10/08/2008 18:49

Primary MD: Patient has no PCP

Visit Date: 10/08/2008 19:01

Nursing Assessment

HEENT

Eyes, ears and nose without visible drainage. Swallowing without difficulty. No reported change in hearing. No reported change in vision. (DD4) 10/08/2008 20:21

PULMONARY

Bilateral breath sounds clear. Respirations regular and unlabored. Mucous membranes and nail beds pink. (DD4) 10/08/2008 20:21

CARDIAC

Pulse regular, no complaint of chest pain. Peripheral pulses palpable. No peripheral edema. Capillary refill less than 2 seconds. (DD4) 10/08/2008 20:21

ABDOMINAL

Abdomen soft, non-distended, non-tender. Bowel sounds audible. No complaint of nausea, vomiting, diarrhea, or constipation. (DD4) 10/08/2008 20:21

GU

Able to empty bladder without dysuria. No complaint of frequency or urgency. (DD4) 10/08/2008 20:21

SOFT TISSUE

Neurovascular exam intact. Normal upper extremity capillary refill (less than 2 sec). Normal radial pulse. (DD4) 10/08/2008 20:21

Clinician History of Present Illness

Right shoulder pain possibly from falling was (VS2) 10/08/2008 19:01 Exam started at 20:05 Presenting problem: right arm injury. History comes from patient. Have reviewed and agree with RN note. Able to get a good history. No direct trauma. Patient developed injury while lifting weights. The skin over the right shoulder is intact. No active bleeding or abrasions. Patient complains of pain over the right shoulder. Had a characteristic pulling/tearing type of injury to the right shoulder. No history to suggest any head injury. The patient states that this problem is job related. (SJT) 10/08/2008 20:06

Past Medical and Surgical History

HTN-hypertension; Hypercholesterolemia; NIDDM; Asthma; S/P Shoulder surgery left (VS2) 10/08/2008 18:01

Review of Systems

Except as noted all other ROS negative. (SJT) 10/08/2008 20:05

Physical Exam

GENERAL:

The patient is a middle aged adult male in no acute distress. No evidence of significant external trauma. Vital signs OK. Vital signs reviewed. Alert. The patient appears to be comfortable. (SJT) 10/08/2008 20:05

PULMONARY:

Unlabored respiration - No respiratory distress. No evidence of local chest wall tenderness or external injury. (SJT) 10/08/2008 20:05

NEUROLOGIC:

No motor deficit. No sensory deficit. Alert. (SJT) 10/08/2008 20:05

Bon Secours St. Francis Hospital
2005 Henry Teakenberg Drive
Charleston, SC 29414
843-402-1000

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS
Medical Rec. Number: 000774899
Arrival Date: 10/08/2008 18:48
Visit Date: 10/08/2008 19:01

Account Number: 0828201311
Birthdate: 09/25/1961
Primary MD: Patient has no PCP

Physical Exam

MUSCULOSKELETAL:

The patient has mild to moderate joint pain with movement of the right shoulder. Moderately tenderness palpation over the right shoulder. No evidence of soft tissue swelling over the right shoulder. No palpable effusion over the right shoulder. The area over the right shoulder shows no sign of contusion. No evidence of hematomas at this site. The bursal exam surrounding the right shoulder is consistent with mild to moderate sprain/strain. Normal A/C joint exam. Normal clavicular exam. Humeral head alignment. Distal humerus/ulna exam normal. The biceps tendon is tender to palpation along the course of the bicipital groove. Contraction of the biceps causes pain along the course of the long head of the biceps tendon. Normal exam of the supraspinatus muscle and tendon. The superior bursa of the shoulder is normal with no evidence of effusion. (SJT) 10/08/2008 20:05

SKIN:

The right elbow is non tender and the patient has a normal adjacent chest wall exam surrounding this shoulder. The skin over the right shoulder is intact with no lacerations or significant abrasions. Skin color is normal. (SJT) 10/08/2008 20:05

SOFT TISSUE:

The rest of the soft tissue exam is normal. (SJT) 10/08/2008 20:05

Progress Notes

The exam supports a bicipital tendinitis. (SJT) 10/08/2008 20:05

Primary Diagnosis

Bicipital Tendinitis, right shoulder (SJT 10/08/2008 20:19)

Non-Drug Orders

PATIENT SPECIFIC DATA Weight: 163.5kg/359.4lb

Entered (ER 10/08/2008 20:15) In Progress (DD4 20:03) Completed (DD4 20:03) MD Sign (ER 20:15)

PATIENT SPECIFIC DATA Height: 172.7cm/58.0in

Entered (ER 10/08/2008 20:15) In Progress (DD4 20:03) Completed (DD4 20:03) MD Sign (ER 20:15)

X-R SHOULDER 2 VIEW: R/O Injury Right

Entered (ER 10/08/2008 20:15) In Progress (ER 20:14) MD Sign (SJT 20:15) Notes: Taken to X-ray. Returns from X-ray (DD4 20:08)

Results

X-R SHOULDER 2 VIEW: R/O Injury Right - films were reviewed by me. (SJT 10/08/2008 20:55)

No radiographic evidence of acute fracture. (SJT 20:55)

No radiographic foreign body noted. (SJT 20:55)

No significant degenerative or osteoporotic changes on plain films. (SJT 20:55)

Normal joint space. (SJT 20:55)

Disposition

Patient discharged from department. Condition at discharge - stable. I have reviewed the chart of THOMAS CONTRERAS and is ready for final disposition. STEVEN J. TAYLOR MD, MD (SJT) 10/08/2008 20:58. Patient discharged from department. Discharged home. Left department with family. Verbalizes understanding of after care instructions. Verbalizes understanding of need for follow-up and how to access follow-up care. Verbalizes understanding of signs and symptoms to return to ED. A disposition has been done for THOMAS CONTRERAS. The dispositioning nurse is DORIS L. DAVIS RN (electronic signature). Patient removed from Tracking Board by DORIS L. DAVIS RN (DD4) 10/08/2008 21:09.

Ben George St. Francis Hospital
2035 Henry Technology Drive
Charleston, SC 29414
tel: 704-1000

Fax

Emergency Department Chart

Patient Name: DOMINGUEZ, THOMAS
Medical Rec. Number: 000774899
Arrival Date: 10/08/2008 18:49
Visit Date: 10/08/2008 19:01

Account Number: 0028201311
Birthdate: 06/25/1961
Primary MD: Patient has no PCP

Discharge Instructions**SHOULDER PAIN**

Your pain about your shoulder pain is due to one of several possible conditions. Tendonitis, bursitis, or arthritis to the tendons that surround the joint (the joint itself) can all cause similar pain and difficulty moving the shoulder. All these conditions can also lead to a "frozen" shoulder if they are not treated properly. The treatment of these problems is similar:

*Rest the shoulder and avoid any painful movements for two weeks. Use a sling if needed.
*Apply ice packs every few hours to the shoulder for 2-3 days; then begin heat treatment at home as soon as the pain is better.

*Medicine to reduce inflammation and pain is often very helpful.
*Commonly used medicine injected into the bursa or around an inflamed tendon can also bring prompt relief. This is usually considered if rest, ice, and medications do not bring relief.

*Shoulder rehabilitation exercises are important in preventing a frozen joint. When your pain improves, you should bend forward and gently swing your arm back a few times daily to help restore motion. Please see your doctor for further care as needed. Finally, shoulder pain is caused by heart problems; call your doctor, 911, or the emergency room right away if you have severe chest pain, weakness, sweating, breathing difficulty, or nausea.

Additional Instructions

Limit position or activity that makes pain worse. Cold packs to tender areas 3-4 times a day. No heat. Take Ibuprofen (Motrin) 800mg (4 tablets) at 11PM, 7AM, 3PM for 1 week. This can recur, so be careful with weight lifting in the future. (SJT) 10/08/2008 20:33

Diagnosis Codes

728.12 Bicipital Tendonitis Primary Diagnosis: Y
250.00 NIDDM
272.4 Hypercholesterolemia
401.1 Borderline diastolic BP determination this visit
401.1 Moderate elevation of systolic BP this visit
401.5 Hx of Hypertension
493.00 Asthma
719.41 Local tenderness to palpation over right shoulder
719.41 Pain involving the right shoulder
719.41 Pain with movement of right shoulder
728.12 Bicipital tendonitis
840.8 Sprain/strain of the right shoulder
868.2 Soft tissue injury posterior right shoulder
8617.9 Blunt shoulder injury
E927 Lifting injury
V13.8 NIDDM

CPT Codes

73090-52
94750
95284
95455

Print Date: 10/08/2008 21:07

Confidential Medical Record

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Patient: DOMINGUEZ, THOMAS

MRN: 000774899

Encounter: 0028201311

Page 4 of 5

Staff List:
COL. DONALD DAVIS RN
Sgt. STEVEN TAYLOR MD MD
MSG. VICKIE SMITH RN

Print Date: 12/09/2008 21:07

Confidential Medical Record

Page 5 of 5

Patient: CONNOR, THOMAS

MRN: 000774990

Encounter: 0226201311

Page 5 of 5

563

TriCounty Radiology Associates

(643) 529-0800
PO Box 1000
Summerville
West Ashley

PATIENT: Contreras, Thomas
DOB: 9/25/1961
MRN: 412212
PHYSICIAN: David Jaskwich, MD
DATE: 8/26/2009

EXAM: MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Surgery in January with persistent pain. Injury to shoulder lifting weights one year ago. Surgery in January 2009. Continued pain.

TECHNIQUE: Following standard right shoulder arthrogram, axial T1 proton density, axial, sagittal and coronal, coronal T1-weighted with and without fat sat MRI images of the right shoulder obtained on a high-field 1.5 Tesla MRI.

CONTRAST: Please see report of right shoulder arthrogram for contrast dosing.

FINDINGS: The arthrogram and MRI procedures are both limited by motion artifact and several series repeated on the MRI secondary to motion. The fluid signal in the anterior aspect of the deltoid is related to anesthesia as the patient moved during the examination and approximately three attempts were made at arthrogram with the final attempt successful for an intra-articular injection. The amount of contrast in the joint had resorbed and decompressed prior to the MRI examination. Some of the contrast decompressed beneath the subscapularis muscle, and this can be seen as a variant of normal.

There is mild to moderate osteoarthritis of the acromioclavicular joint. The acromion is type II. No Hill-Sachs or Bankart deformities. Postoperative change identified of the labrum. There is thickening and irregularity of the anterior labrum and thickening of the middle glenohumeral ligament. This may be related to prior resection or a nondisplaced labral tear from the 2 o'clock through the 5 o'clock position. There is some contrast imbibement at the 2 o'clock through the 3 o'clock position. Trace fluid in the subdeltoid bursa suggesting mild bursitis. No significant contrast in the subdeltoid bursa. The minimal contrast anteriorly is related to the injection site. Mild undersurface irregularity suggesting low grade articular-sided partial tear or prior resurfacing. Minimal increased signal in the supraspinatus and infraspinatus tendons consistent with tendinopathy. No significant brightening on the T2-weighted images. This is consistent with tendinopathy. The subscapularis and teres minor tendons appear intact. The biceps tendon is in the expected location. The intra-articular portion of the biceps tendon demonstrates a mild increased signal and mild thickening suggesting tendinopathy. No significant muscular atrophy or edema of the supraspinatus, infraspinatus, subscapularis or teres minor muscles. There is also irregularity of the superior labrum from the 9 o'clock to 12 o'clock position again suggesting prior repair or a nondisplaced tear. Mild osteoarthritis of the glenohumeral joint.

The MRI and the arthrogram portions of the examination were limited by motion artifact. Several series of the MRI were repeated secondary to motion artifact and several attempts at the arthrogram were made secondary to motion during that examination.

IMPRESSION:

1. Mild articular-sided irregularity of the supraspinatus and infraspinatus tendons suggesting low grade articular-sided partial tear versus prior resurfacing.
2. There is also mild tendinopathy of the supraspinatus and infraspinatus tendons. No full thickness tendon tear is seen.
3. Irregularity of the glenoid labrum from the 9 o'clock through the 5 o'clock position suggesting prior repair or resurfacing versus a nondisplaced labral tear. Recommend correlation with prior operative note.
4. Mild tendinopathy of the intra-articular portion of the biceps tendon.
5. Mild to moderate osteoarthritis of the acromioclavicular joint and mild osteoarthritis of the glenohumeral joint.
6. Postoperative changes noted.

Donald E. Olafson, DO
DO/IB

Fax Server

8/27/2008 11:04:44 AM

PAGE

3/003

Fax Server

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Patient Name: Contreas, Thomas

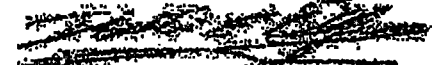
MRN: 412212

EXAM: MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

DD: 8/27/2009 / DT: 8/27/2009

JOB: 8784919

This document has been reviewed and electronically signed by



Page 2 of 2

00053

TriCounty Radiology Associates

(843) 528-8800
North Charleston
Summerville
West Ashley

PATIENT: Contreras, Thomas
DOB: 9/25/1961
MRN: 412212
PHYSICIAN: David Jaskwich, MD
DATE: 8/26/2009

EXAM: ARTHROGRAM RIGHT SHOULDER PRIOR TO MRI

HISTORY: Right shoulder pain.

PROCEDURE: During the patient interview and discussion, risks, benefits and indications of shoulder arthrogram were discussed. Risks including but not limited to bleeding, infection, and possible examination failure and need for repeat were discussed. The patient expressed understanding and gave verbal and written consent to proceed. Following standard sterile prep and drape and utilizing approximately 3 cc of 1% lidocaine without epinephrine for local superficial and deep soft tissue anesthesia, a 22-gauge needle was passed into the glenohumeral joint under fluoroscopic monitoring. Injection of approximately 1 cc of Isovue 300 iodinated contrast to ensure the intraarticular position of the needle. Then, injection of gadolinium contrast performed to achieve good glenohumeral joint distention. Approximately 10 cc of the standard gadolinium mixture was instilled into the shoulder joint. Standard gadolinium contrast mixture was obtained by combining 15 cc of gadolinium solution drawn of a mixture of 0.2 cc of Magnevist gadolinium contrast and 50 cc of normal saline at an approximate 1:200 dilution, and this was mixed with 5 cc of 0.25% bupivacaine. The needle was removed and hemostasis achieved. Limited FluoroSpot images were obtained to document the intraarticular contrast. The patient tolerated the procedure well with no immediate complications. The patient was dismissed to the MRI for subsequent imaging.

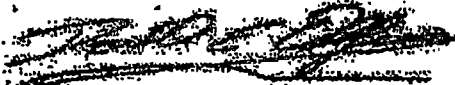
IMPRESSION:

1. Post right shoulder arthrogram. Please see report of MRI for complete dictation.
2. Difficult arthrogram secondary to mild patient motion during the examination. Small amount of iodine contrast instilled in the subdeltoid bursa and the gadolinium contrast was verified under direct fluoroscopic guidance to be within the glenohumeral joint.
3. The MRI was delayed by approximately 30 minutes secondary to technical factors and prolonged imaging of the patient prior to this examination. Some of the contrast resorb prior to the MRI images.

Donald E. Olafson, DO
DO /lb

DD: 8/26/2009 /DT: 8/26/2009
JOB: 8779254

This document has been reviewed and electronically signed by



Corvel Scan Date: 1/27/2009 179

TRIDENT DIAGNOSTIC SERVICES
9313 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

PHONE #: 843-797-4917
FAX #:

Name: CONTRERAS, THOMAS JR
Phys: BURLINSON, ASHLEY
DOB: 09/25/1961 Age: 47 Sex: M
Acct: D00030439773 Loc: D.TDS
Exam Date: 01/20/2009 Status: DEP CLI
Radiology No:
Unit No: D000477805

EXAMS:
002243045 CHEST AP/PA

EXAM REASON:
PRE OP

INDICATION: Anesthesia clearance.

FINDINGS: A single frontal view of the chest was obtained. Heart size and pulmonary vasculature are within normal limits. Lungs are clear.

IMPRESSION: No active cardiopulmonary disease

** Electronically Signed by JAMES D. TAGGART MD **
** on 01/20/2009 at 1517 **
Reported and signed by: JAMES D. TAGGART, MD

CC: ASHLEY BURLINSON; DAVID W SEIGNIOUS

Dictated Date/Time: 01/20/2009 (1517)
Technologist: CHINYERE S RUMPH
Transcribed Date/Time: 01/20/2009 (1517)
Transcriptionist: RAD.VR
Electronic Signature Date/Time: 01/20/2009 (1517)
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PAGE 1

Signed Report Printed From PCI

00055

South Carolina Workers' Compensation Commission
1512 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.JWCC-SC.gov



Physician's Statement

Claimant's Name: Thomas Contreras
Physician's Name: James R. Demarco
Practice/Clinic: Palmetto Orthopaedics
Employer's Name: ST JOHNS FIRE & ST COMM
Insurance Carrier: State Accident F&I
SCWCC File No: 0822640
Paperer's Name: _____
Phone: _____

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 10/08/2005

Date of first office visit: 8-10-10 Date of last visit: 8-7-12
Diagnosis or nature of injury or illness: Rt Shoulder injury
Body part(s) injured: Rt Shoulder Body part(s) affected: _____

Date of Maximum Medical Improvement: _____

Based on the SCA Guidelines, the claimant has sustained a 9 % medical impairment to Upper Ext injured body part(s) and a 10 % medical impairment to Shoulder other affected body part(s).

The claimant is able to return to work without restriction: YES A CONVERSION
The claimant is able to return to work with the following restrictions: OF RT SE TO RT SH
NEEDED

☒ The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

☒ Will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

☐ Will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

[Signature]
Treating Physician

9/11/12
Date

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

THOMAS CONTRERAS,)

Employee,)
Claimant,)

-vs-

ST. JOHNS FIRE DISTRICT) DEPOSITION OF:

THOMAS CONTRERAS
Employer,) April 29, 2013

and)

STATE ACCIDENT FUND,)

Carrier.)

The deposition of THOMAS CONTRERAS, taken before
Lynda A. Bousquet, Professional Court Reporter and
Notary Public, at the law offices of Howell &
Christmas, 250 Mathis Ferry Road, Suite 102, Mt.
Pleasant, South Carolina, on Monday, April 29, 2013,
at 3:12 p.m.

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Witness:
Contreras, Thomas (sworn)

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EXHIBITS

(No exhibits were proffered.)

APPEARANCES

REPRESENTING THE EMPLOYEE/CLAIMANT:
GARY CHRISTMAS, ESQUIRE
Howell & Christmas
250 Mathis Ferry Road
Suite 102
Mt. Pleasant, SC 29464
gc@howellandchristmas.com

REPRESENTING THE EMPLOYER/CARRIER:

MARGARET M. URBANIC, ESQUIRE
Clawson & Staubes
126 Seven Farms Drive, Suite 100
Charleston, SC 29492
murbanic@clawsonandstaubes.com

(THOMAS CONTRERAS, having been first
duly sworn, testified as follows:)

EXAMINATION BY MS. URBANIC:

Q Is it Contreras?

A Contreras.

Q Okay. I think we've met a year or so ago.
Vaguely, I remember that.

A Uh-huh.

Q My name is Peggy Urbanic. I represent the
St. Johns Fire District and the State Accident Fund
with regard to your Workers' Compensation case. I'm
here to take your deposition, which I'm sure your
attorney's explained to you, but basically I'm just
going to ask you some questions:

A Okay.

Q If you don't understand one of my questions,
just let me know. I'm happy to rephrase it for you.
Okay?

A Okay.

Q Can I get your full name, please.

A Thomas Contreras, Jr.

Q And where are you currently residing?

A 363 Lantana Drive, Charleston, South
Carolina 29407.

Q Okay. Great. Does anybody live with you?

1 A My wife.
 2 Q Okay.
 3 A My father-in-law and my mother.
 4 Q So your father-in-law and your mother. So
 5 you have got both sides represented?
 6 A Uh-huh.
 7 Q Is that a yes?
 8 A Yes.
 9 Q I just need you to say yes or no because
 10 she's taking it all down. What's your wife's name?
 11 A Renee.
 12 Q And your father-in-law's name?
 13 A Stanley Latarry.
 14 Q And your mother?
 15 A Maria Contreras.
 16 Q And does your wife work?
 17 A She's working temporary now.
 18 Q What type of work does she do?
 19 A She's a legal assistant.
 20 Q Oh, okay. Very good. Do you know where
 21 she's working currently?
 22 A No, I don't know. I know where it's at.
 23 Q Where is it at?
 24 A Downtown. It's downtown. Right by Tommy
 25 Condon's. Right across from it.

1 Q Okay. Now, do you support your
 2 father-in-law and mother?
 3 A No.
 4 Q No. So they are not relying on you for
 5 income in any way?
 6 A No.
 7 Q They just reside with you?
 8 A Right.
 9 Q Is that right? Do you have any children?
 10 A Yes.
 11 Q How old are your children?
 12 A My daughter is 24. My son is 28.
 13 Q Is that it?
 14 A That's it.
 15 Q Okay. Do either one of your children rely
 16 on you for income?
 17 A No.
 18 Q Do you support them in any fashion?
 19 A No.
 20 Q Okay. All right. How far did you go in
 21 school?
 22 A High school.
 23 Q Any vocational, technical school after
 24 that?
 25 A No.

1 Q And you're currently how old?
 2 A Fifty-one.
 3 Q All right. And obviously you have worked as
 4 a firefighter. What other type of work have you done
 5 as an adult?
 6 A I worked for Domino's Pizza. I installed
 7 fireplaces. I did landscaping. Let's see. Home
 8 Depot. I work at a bowling alley.
 9 Q Okay. How long were you a firefighter?
 10 A Twenty-two years. Twenty-two.
 11 Q And did you work at any of these other
 12 places while you were a firefighter?
 13 A The bowling alley and Home Depot for a
 14 little bit.
 15 Q And what did you do at the bowling alley?
 16 A Front desk clerk.
 17 Q Which one?
 18 A Charleston Lanes on Savannah Highway.
 19 Q And how long ago was that?
 20 A I've been with them 12 years now.
 21 Q So you're still with them?
 22 A Yes.
 23 Q Okay. Great. How many hours a week are you
 24 working there?
 25 A About 14, sometimes a little more.

1 Q On average about 14?
 2 A Uh-huh.
 3 Q Is that a yes?
 4 A Yes.
 5 Q Okay. And how much are they paying you?
 6 A 9.18 an hour.
 7 Q And who is your supervisor there?
 8 A Johnny Wise.
 9 Q And you said you're just doing the front
 10 desk. What is that? Checking people in, giving them
 11 the shoes?
 12 A Yes.
 13 Q That kind of stuff?
 14 A Yes. And I do league coordinator too where
 15 I keep up with the paperwork for the leagues.
 16 Q And is that you only work part-time, is that
 17 just because they don't need you full-time or --
 18 A They don't have no full-time. They decided
 19 to do all part-time.
 20 Q Okay. They don't want to pay anybody
 21 benefits?
 22 A Yeah. They won't tell you that, but that's
 23 the reason.
 24 Q Okay. Is that mostly a standing job, a
 25 sitting job?

1 A If I'm working the front desk, it's
2 standing. If I'm doing league coordinator work, I'm
3 sitting.
4 Q Great. And I think you said you have also
5 worked at Home Depot while you were a firefighter.
6 How long ago was that?
7 A About 15 years ago.
8 Q Okay. And was that just as a sales clerk
9 there?
10 A Lot attendant. I took care of -- helped
11 people put stuff in their cars, put shopping carts
12 back, find something for a customer.
13 Q Okay. Great. So the Domino's Pizza, a
14 fireplace installer, and landscaper, was that all
15 before you became a firefighter?
16 A Yes.
17 Q And I realize you're no longer working as a
18 firefighter; is that correct?
19 A Right.
20 Q And have you looked for any other work since
21 leaving the fire district? You're working at the
22 bowling alley, but have you looked for anything else
23 work-wise?
24 A Yes.
25 Q What kind of work have you looked for?

1 A I applied at Wal-Mart, CarMax, and been
2 looking at some federal jobs, but --
3 Q What kind of federal jobs do we have in
4 Charleston, out of curiosity?
5 A Well, most of them aren't in Charleston.
6 That's the problem. I have been looking for what I
7 did in the Army, finance clerk. I tried to get into
8 some type of immigration job, but --
9 Q And are those jobs you have applied online
10 or have you just looked at them or --
11 A Online.
12 Q Online. You actually applied for some of
13 those jobs?
14 A Yeah.
15 Q Have you gotten a response back from the
16 government?
17 A Nothing.
18 Q Nothing. And was that recently you applied
19 for that type of work?
20 A Probably about two months ago.
21 Q Okay. All right. And I think you said
22 Wal-Mart, CarMax. When did you apply at Wal-Mart?
23 A When?
24 Q Uh-huh.
25 A Six months ago.

1 Q Was that just as a store clerk-type
2 position?
3 A Yes.
4 Q And did you get any response back from
5 that?
6 A I didn't pass their little test that they
7 gave me.
8 Q They've got a test?
9 A Yeah.
10 Q What's the test?
11 A It's one of those tests where they ask the
12 employees if you saw somebody take a soda out the
13 fridge, out the cooler, what do you do, you know: A,
14 tell the employee, B, nothing, or tell the
15 supervisor, you know, like that.
16 Q And how did you answer?
17 A Some of them, I said tell the supervisor,
18 but some of them I told them I would just tell the
19 employee to put it back, you know.
20 Q That's the wrong answer?
21 A Right. That's what my daughter told me.
22 That's the wrong answer. You got to tell the
23 supervisor and all of them, so.
24 Q Okay.
25 A I guess that's why I --

1 Q Didn't get it. I didn't know they had a
2 test.
3 A Uh-huh. All these jobs, even AMF has a
4 test. All of them do.
5 Q And CarMax, was that for sales?
6 A That was finance rep, was it? It was
7 working in the office.
8 Q And what happened with that job?
9 A I never heard anything about it.
10 Q Never heard back?
11 A Hu-huh.
12 Q Do you think if you got like a finance
13 clerk-type position like that you could do that type
14 of work?
15 A Well, I love that.
16 Q You like that type of work?
17 A I love numbers.
18 Q I don't. So you think you could sit at a
19 desk job, do that type of work all day without any
20 problem?
21 A Yeah.
22 Q And you mentioned you were in the Army?
23 A Uh-huh.
24 Q When were you in the Army?
25 A '79 through '84.

1 Q And you said you did finance clerk-type
2 position in the Army?
3 A Yes.
4 Q Did I hear that? Are you fluent in any
5 languages?
6 A Spanish.
7 Q And have you looked for any languages to use
8 your Spanish skills? Have you looked for any jobs to
9 use your Spanish skills?
10 A No.
11 Q No. You mentioned the immigration. Was
12 that in hopes -- I mean, would that tie into your
13 Spanish-speaking abilities?
14 A Yes. Yeah.
15 Q Was that like an immigration officer or some
16 other --
17 A Yes.
18 Q I don't know what other jobs they had with
19 the immigration within the federal government. I
20 always think of the immigration officers. There
21 might be something else. I don't know. You applied
22 for immigration officer?
23 A Yeah, and some title like that. I'm not
24 going to tell you. I don't know exactly what it was.
25 Q Do you know what the job expectations were

1 for that? -- I mean, was it like a desk job? Was it
2 out --
3 A It was doing paperwork.
4 Q All right. Any other jobs you have looked
5 for? Nothing else recently?
6 A No.
7 Q Any other -- have you thought about doing
8 any other type of work? Any other plans for the
9 future?
10 A Yeah. I want to work.
11 Q I mean, I just didn't know if you thought
12 about it.
13 A I was hoping to get the manager's job at
14 AMF, but that didn't work, so.
15 Q At AMF, the bowling alley?
16 A Yes.
17 Q When did you apply for that?
18 A I didn't apply. They moved a manager from
19 somewhere else, but they transferred over.
20 Q Was that recently?
21 A About six months.
22 Q All right. But you could have done that
23 position had you gotten it?
24 A That was my goal eventually once I retired
25 from the fire department, hopefully be ready to move

1 into that.
2 Q Gotcha. All right. So any other thoughts
3 as to what type of work you might be able to do or
4 other jobs you're going to look into?
5 A I take care of -- I take care of a little
6 snack route but --
7 Q Okay.
8 A That's it.
9 Q Is that with a company or is that --
10 A That's -- I own that.
11 Q Oh, you own it?
12 A Yeah.
13 Q So what does that mean? Are you filling up
14 snack machines?
15 A Yes.
16 Q And how many hours a week does that take?
17 A About three.
18 Q And how long have you been doing that type
19 of work?
20 A Since '95.
21 Q Oh, okay.
22 A Everything I do, I always stick with it.
23 Q You do. Yes. Okay. And how much do you
24 earn off the snack route?
25 A That, I have never made no money off of that

1 route for nothing.
2 Q You've never made any money off of it?
3 A Hu-huh.
4 Q Why do you do it?
5 A Just to have something to do. It's at the
6 fire stations, so I can't charge a lot of money,
7 so.
8 Q So all the machines are at the different
9 fire stations?
10 A Yeah. It's four, I think.
11 Q Okay. Gotcha. Okay. You said you were a
12 firefighter for, was it 22?
13 A Twenty-two.
14 Q Twenty-two years. How long were you
15 planning to work as a firefighter?
16 A Fifty-five.
17 Q Till age 55?
18 A Yes.
19 Q Would that have been 25 years in the
20 service?
21 A That'd give me 28.
22 Q Twenty-eight. And what was your rank when
23 you left firefighting?
24 A Captain.
25 Q Captain. Did that entail some

1 sedentary-type duties, administrative duties as
2 captain?
3 A Everything.
4 Q Everything?
5 A Yes.
6 Q Okay. The whole job at that point?
7 A Everything. Supervising, paperwork. I was
8 responsible for the station, the trucks, the guys,
9 the property out there.
10 Q Uh-huh.
11 A You know.
12 Q Making the schedule for the guys, I'm sure.
13 A Not the schedule. That was the chief's job.
14 Q Oh, okay. All right. But mostly what you
15 did on a regular basis the time you made captain was
16 more administrative-type work?
17 A No.
18 Q No? So when you're captain, tell me what
19 was your typical day like as captain at the fire
20 station.
21 A I came in. The guys had to check the trucks
22 off. I had to make sure they did that. We had daily
23 duties to do for the day, which could consist of
24 cutting grass, windows. And I also had to make sure
25 our reports were done for the last shift, and I

1 supervised everybody.
2 Q How many guys did you supervise?
3 A It could go from two to five.
4 Q Okay.
5 A When I was at Kiawah, I had five guys.
6 Q Is that the bigger, one of the bigger
7 stations?
8 A Yes.
9 Q And how long were you a captain?
10 A About seven years.
11 Q And then who was your direct supervisor?
12 A Battalion Chief Lohr.
13 Q And did you ever deal with Chief -- is it
14 Stanley? I don't think -- he wasn't the fire chief
15 when you were there?
16 A He was operations chief.
17 Q Yeah, but I think he's now acting as the
18 full chief now that --
19 A Uh-huh.
20 Q -- other guy up and left.
21 A Uh-huh.
22 Q But you did deal with Chief Stanley as
23 operations chief --
24 A Yes.
25 Q -- back when you were there? And this

1 incident happened back in 2008, October 8th?
2 A Yes.
3 Q 2008. And how did that -- tell me briefly
4 how the accident happened.
5 A I was exercising, lifting weights. And when
6 I lift the weight up, my shoulder popped. And this
7 side came down. I had to get the guy that was with
8 me to pull it off me.
9 Q That was your right shoulder?
10 A Yes.
11 Q Are you right-handed or left-handed?
12 A Left-handed.
13 Q And I understand you have had some surgeries
14 to your right shoulder?
15 A Four.
16 Q Four. As we're sitting here today, how is
17 your right shoulder doing?
18 A Hurts.
19 Q Can you raise it up as much as you need to
20 raise it up? I mean, can you lift your arm over your
21 head?
22 A Yes.
23 Q Any problems raising your arm over your head
24 with your shoulder?
25 A I can raise it up, but I can't keep it up.

1 Q If you had to get something out of a, you
2 know, one of your top kitchen cabinets, could you do
3 it with your right arm if you had to get a bowl or
4 something down from a cabinet?
5 A My first option would be to ask my wife to
6 get it for me.
7 Q If your wife's not home.
8 A Yes. If I had to, yes.
9 Q Any problems lifting with your right arm?
10 A Yes.
11 Q How heavy an object do you think you could
12 lift with your right arm?
13 MR. CHRISTMAS: Let's correct the
14 record. I think you keep going back and
15 forth between left and right. Do you mean
16 left and right or are you trying to say
17 right every time?
18 MS. URBANIC: I thought I was saying
19 right every time.
20 MR. CHRISTMAS: No. There's a couple
21 lefts in there, but just so we know we're
22 talking about the right arm --
23 MS. URBANIC: I'm talking about the
24 right arm.
25 MR. CHRISTMAS: Just making sure we're

1 clear.
 2 MS. URBANIC: Sorry.
 3 MR. CHRISTMAS: No problem.
 4 BY MS. URBANIC:
 5 Q How heavy an object do you think you can
 6 lift with your right arm?
 7 A As far as pounds?
 8 Q Yeah. Or give me an example of an object if
 9 it's easier.
 10 A My granddaughter.
 11 Q How old is your granddaughter?
 12 A Two.
 13 Q Two. So how much does she weigh roughly?
 14 A Fifteen pounds.
 15 Q Fifteen pounds?
 16 A Yeah.
 17 Q That's awfully small for a two-year-old.
 18 A That's the last time that I heard.
 19 That's -- I don't know about -- I guess she's more
 20 now.
 21 Q But if you had to lift up your granddaughter
 22 with your right arm, you could lift her up with your
 23 right arm?
 24 A I would do it first with my left arm. I
 25 wouldn't try with my right one.

1 Q I'm trying to get an idea what you can and
 2 can't do with your right arm. That's why. Could you
 3 lift up a gallon jug of milk with your right arm off
 4 the table?
 5 A I can take it out like that. To lift it up,
 6 that would hurt.
 7 Q All right. Any activities that you don't do
 8 now because of the problem with your right shoulder?
 9 A I try not to do anything overhead.
 10 Q And what sort of activities would that be
 11 for you?
 12 A If I had to -- like if I was cleaning
 13 windows. I know one thing that I want to do but I
 14 can't do is like trim the limbs off of a tree. I
 15 have a pole bar. I can't hold it up like that.
 16 Q Okay.
 17 A So I don't do that.
 18 Q Okay. Anything else that comes to mind?
 19 A I don't pull with my arm, with that arm.
 20 You know, like if I'm getting in the car or
 21 something, I won't pull myself in to grab the
 22 steering wheel and pull.
 23 Q All right. And have you seen any doctors
 24 recently for your right shoulder?
 25 A Recently?

1 Q Yeah.
 2 A No. Not since Dr. DeMarco cut me off.
 3 Q You haven't --
 4 A Or let me go.
 5 Q Do you have a regular family doctor?
 6 A Yes.
 7 Q Who is family doctor?
 8 A Dr. David Seignious.
 9 Q And where is he?
 10 A On Johns Island on Maybank Highway.
 11 Q And do you go to him on any regular basis
 12 for any reason?
 13 A Yes.
 14 Q What do you go to him for?
 15 A He treats me for my diabetes, if I have a
 16 cold or something.
 17 Q Have you ever seen him for your right
 18 shoulder?
 19 A I have asked him questions, you know, but I
 20 have never gone to him to see him. I have asked him
 21 questions just to see what Dr. DeMarco is saying and
 22 what he seems to think, you know. So he's my doctor,
 23 so I let him know what's going on.
 24 Q Has he ever prescribed medication for you?
 25 For your shoulder?

1 A No.
 2 Q Sorry. I shouldn't have meant that in
 3 general. I'm sure he's prescribed medication for
 4 you. Is your diabetes under control?
 5 A Yes.
 6 Q All right. Now, have you injured any other
 7 body parts other than your right shoulder?
 8 A My left shoulder.
 9 Q Okay. And when did you injure your left
 10 shoulder?
 11 A I think that was in 2006.
 12 Q So that was before the injury to your right
 13 shoulder?
 14 A Yes.
 15 Q And what did you do to your left shoulder?
 16 A Same thing I did to this shoulder, tore a
 17 muscle.
 18 Q Tore a muscle?
 19 A Uh-huh.
 20 Q How did you do that?
 21 A Weight lifting, weights.
 22 Q Exact same thing?
 23 A Yes.
 24 Q And you had surgery to your left shoulder as
 25 well?

1 A Yes.
 2 Q And you had a Workers' Comp claim?
 3 A Yes.
 4 Q For your left shoulder? And is your left
 5 shoulder, is that -- how is that doing?
 6 A It hurts sometimes but --
 7 Q How often does your left shoulder hurt?
 8 A Once or twice a week.
 9 Q Is your left shoulder as bad as your right
 10 shoulder?
 11 A No.
 12 Q Can you raise your left shoulder overhead?
 13 A I can raise it, yes.
 14 Q Can you keep it overhead if you had to raise
 15 it up for some reason?
 16 A No. No.
 17 Q Do you have any problems lifting with your
 18 left arm?
 19 A Yes.
 20 Q What kind of problems do you have lifting
 21 with your left arm?
 22 A Same thing with my right shoulder. Just
 23 pain in my shoulders. I can't -- it's not strong.
 24 Q Is it stronger -- is your left shoulder,
 25 left arm stronger than your right?

1 A Yes.
 2 Q Does your left arm prevent you from doing
 3 any activities?
 4 A Anything overhead.
 5 Q Okay. Do you have any hobbies or activities
 6 that you used to do that you don't do now because of
 7 either one of your shoulders?
 8 A Well, I used to fish a lot, but I sort of
 9 cut down on that.
 10 Q What kind of fishing did you do?
 11 A What kind of fishing?
 12 Q Yeah. Like offshore?
 13 A Inshore.
 14 Q Inshore. For anything in particular?
 15 A Whatever got on the hook. That's all.
 16 Q Where would you go fishing?
 17 A Jetties. That's where I like to go.
 18 Q And when is the last time you went
 19 fishing?
 20 A Wow. Probably October last year.
 21 Q Okay. October of 2012.
 22 A Yes.
 23 Q And why haven't you been fishing since
 24 October?
 25 A I just -- because of my shoulders. I

1 don't -- I can't -- I can't enjoy it really, you
 2 know.
 3 Q So you injured your left shoulder back in
 4 2006. Were you able to go back to work as a
 5 firefighter after that injury to your left
 6 shoulder?
 7 A Yes.
 8 Q So it wasn't until the 2008 accident that
 9 you stopped work as a firefighter?
 10 A Yes.
 11 Q Is that correct? And what -- is the lifting
 12 requirement why you can't go back to work as a
 13 firefighter?
 14 A The lifting, the training, the work. The
 15 actual work itself, I couldn't -- I can't do that
 16 stuff.
 17 Q Are you taking any type of pain medication
 18 on a regular basis?
 19 A No.
 20 Q Okay. Do you ever take like Tylenol or
 21 Aleve or Advil?
 22 A I take Tylenol. I put on BioFreeze. I had
 23 some patches that Dr. DeMarco gave me. I use those
 24 every now and then. I still got about three of
 25 those.

1 Q Okay. How often do you take Tylenol?
 2 A Maybe twice, two or three times a week.
 3 Q Is that after you do something in particular
 4 or just --
 5 A Yes.
 6 Q What sort of activity might you do?
 7 A It could be anything. It could be
 8 newspaper, flipping the page, working at the bowling
 9 alley, going outside and raking in the yard.
 10 Q Okay. What household chores do you do? Are
 11 you responsible for the yard work? Do you do stuff
 12 inside? How does that work with you and your wife?
 13 A I take care of the yard.
 14 Q And you do the yard?
 15 A And the cars.
 16 Q Are you able to cut the grass?
 17 A Yes.
 18 Q You mentioned raking. Do you have to rake
 19 the leaves every so often?
 20 A Uh-huh. Yes.
 21 Q Are you able to do that?
 22 A Yes.
 23 Q Okay. Do you do any other type of yard
 24 work? I don't know what else you might do for your
 25 yard. But anything else that you do?

1 A I cut the bushes. All the equipment that I
2 have is like most of them are battery-powered so I
3 don't have to crank nothing up.
4 Q Okay.
5 A I make the job easier for me.
6 Q Flip a switch?
7 A Sometimes I just stop for an hour and wait
8 and go back.
9 Q And you mentioned the cars. What are you
10 doing with the cars? Washing them?
11 A Washing them.
12 Q Do you change the oil?
13 A No, I can't do that.
14 Q Is that just because you don't do that or
15 because you physically --
16 A Because of my shoulder, I can't do that.
17 Q Do you do any of the household chores, any
18 of the vacuuming or the cleaning or anything like
19 that?
20 A I do dishes.
21 Q Does your wife take care of the rest of the
22 house?
23 A Yes.
24 Q What's a typical day like for you?
25 A For me?

1 Q Uh-huh.
2 A Sometimes I have to take care of my
3 granddaughter.
4 Q That's the two-year old?
5 A Yes.
6 Q Okay.
7 A My daughter's in school. I take my mother
8 to the store, go to the bowling alley and do some
9 paperwork, run errands.
10 Q That pretty much covers it?
11 A Uh-huh.
12 Q Is that a yes?
13 A Yes.
14 Q Do you still work out? Do you do any type
15 of --
16 A I tried going to the gym.
17 Q Uh-huh.
18 A I ran on a treadmill. And I try lifting a
19 little bit of weights, but after awhile -- I do maybe
20 ten minutes of weights, and then I quit.
21 Q Okay. And when is the last time you think
22 you tried to go to the gym?
23 A About three weeks ago.
24 Q Okay. Do you try to go on a regular
25 basis?

1 A I was trying to but I stopped for awhile.
2 Q And why did you stop?
3 A Because I was gaining weight.
4 Q You stopped going because you were gaining
5 weight?
6 A Yes. The doctor said I was working out. So
7 I would get hungry, and I'd eat more. So I stopped,
8 and then I lose weight.
9 Q Well, I wish that's how it worked for me.
10 If I stopped going to the gym, I wouldn't lose
11 weight. That's not how it's working.
12 A I lost seven pounds.
13 Q You were lucky then. Okay. And which gym
14 were you going to?
15 A Planet Fitness, Citadel Mall.
16 Q Okay. Of the jobs that you have been
17 looking at, like the federal jobs you mentioned with
18 immigration -- and there was one other federal job.
19 I don't remember which -- what was it? Some sort of
20 finance clerk position? Do you have any idea what
21 the potential wage range was for that? What could
22 you possibly earn if you got one of those jobs?
23 A The finance clerk, I'm going to say up to
24 49,000.
25 Q Okay. Do you know what the base was?

1 A Probably 35.
2 Q How about the immigration?
3 A Immigration was like, I want to say, 50 to
4 90,000.
5 Q And how about for the bowling alley manager,
6 do you have any idea what that pay is?
7 A I don't know how much they make.
8 Q How about for that CarMax job?
9 A I think that was a minimum wage job.
10 Q For the finance?
11 A Uh-huh.
12 Q Is that a yes?
13 A Yes.
14 Q Have you thought about going to school or
15 doing any type of training to look for work?
16 A I thought about school.
17 Q What kind of areas?
18 A Human resource.
19 Q Have you looked into any programs?
20 A (Witness moves head back and forth.)
21 Q No?
22 A No. You got to have money to go.
23 Q Do you have any idea how much they cost?
24 A No.
25 Q All right. And what income do you have

1 coming in right now? You mentioned your wife is
2 working a temp job.
3 A The fire department pension.
4 Q You have been able to collect on that?
5 A Yes.
6 Q How much is that?
7 A I want to say 3,200 a month before taxes.
8 Q Okay. Any other income coming in?
9 A Bowling alley.
10 Q Bowling alley.
11 A That's maybe 400 a month.
12 Q Anything else?
13 A (Witness moves head back and forth.)
14 Q That's it?
15 A Yes.
16 Q Have you ever applied for unemployment?
17 A No.
18 Q Have you ever applied for Social Security
19 disability?
20 A No.
21 Q And your plan is to get a full-time job
22 somewhere?
23 A Yes.
24 Q And since -- you mentioned you injured your
25 left shoulder back in 2006. Have you had any other

1 injuries to your left shoulder since 2006?
2 A To my left shoulder?
3 Q Right. Yes. Correct. Sorry. I didn't
4 mean to say right.
5 A No. Not --
6 Q And for the 2008 incident, the injury's to
7 your right shoulder, correct?
8 A Yes.
9 Q Any other Workers' Comp accidents?
10 A No.
11 Q All right. Any car accidents or any other
12 accidents that you have been involved in?
13 A I have been in three car accidents.
14 Q Okay. And when was -- when was the first
15 accident you were in?
16 A Back in '80 something.
17 Q In the 1980s?
18 A Yeah.
19 Q Were you injured in that accident?
20 A I had whiplash.
21 Q Your neck?
22 A Yes.
23 Q Did you fully recover from that?
24 A Yes.
25 Q When was the second accident?

1 A The second accident, probably in the '80s,
2 too. Got rear-ended by a tractor-trailer.
3 Q Okay.
4 A There wasn't nothing --
5 Q Any injuries?
6 A No.
7 Q And when was the third accident?
8 A I hit a tractor-trailer.
9 Q Okay.
10 A No accident -- no injury there.
11 Q No injuries. Okay. Other than the
12 surgeries to your shoulders, any other surgeries on
13 any other body parts?
14 A Both my feet, I had surgery on them. My
15 left foot, I had ankle surgery. And I've had sinus
16 surgery.
17 Q What did you do to your left ankle or your
18 left foot?
19 A The foot is bunions. My ankle, I almost
20 broke it.
21 Q What were you doing to almost break your
22 ankle?
23 A Trying to cut a tree limb off a house.
24 Q And you ended up getting surgery?
25 A About a year later or two years later, yes.

1 Q Any other ongoing problems with your left
2 ankle or foot?
3 A No.
4 Q Any other surgeries?
5 A No.
6 Q Any other hospitalizations?
7 A (Witness moves head back and forth.)
8 Q No?
9 A No.
10 Q Okay. It's been since what, 2010 since you
11 worked for the department? Does that sound about
12 right?
13 A It's been about two years since I've been
14 out. '11.
15 Q Maybe it's 2011?
16 A January, I believe.
17 Q I knew it had been a little bit of time.
18 Have you been back to see Jean Hutchinson at all or
19 talked to her?
20 A Who is that?
21 Q Okay. She's --
22 A The voc rehab lady?
23 Q Yeah.
24 A No, hu-huh, I haven't.
25 Q So I have a report that's dated back in

1 2011. I didn't know if you had talked to her,
2 communicated with her in any way since then?

3 A No.

4 Q No. Okay. Have you ever been a part of any
5 other lawsuits?

6 A No.

7 Q Have you ever been arrested for any
8 reason?

9 A I was never arrested. I was accused of
10 doing something, but I never got arrested.

11 Q What were you accused of doing?

12 A My wife worked at an apartment complex, and
13 they got robbed overnight. And somebody blamed it on
14 me.

15 Q But you didn't get arrested for it?

16 A No.

17 Q Ever been treated for drug or alcohol --

18 A No.

19 Q -- abuse? Have you ever had any
20 psychological or psychiatric counseling?

21 A No.

22 MS. URBANIC: I think that's all the
23 questions I have.

24 EXAMINATION BY MR. CHRISTMAS:

25 Q I just have a couple. From head to toe,

1 A No.

2 Q All right. And the biceps area that you
3 pointed to earlier on that same pain scale of zero to
4 ten, zero being no pain and ten being the worst pain,
5 what's it like in your right biceps?

6 A About a six.

7 Q And what's it like on your worst days with
8 that?

9 A Ten.

10 Q How many bad or worse days do you have with
11 the right biceps?

12 A About three or four.

13 Q Same type of thing that causes that to get
14 worse?

15 A Yes.

16 Q Same activities?

17 A Yes.

18 Q And you talk about those activities like
19 doing things around the house. Before the accident,
20 did you do anything inside the house like vacuum or
21 any tasks that you used to do that you no longer
22 do?

23 A I used to vacuum and dust and clean around
24 the house, but --

25 Q Did you have any problems doing those

1 what all is injured as a result of the work
2 accident?

3 A As the work accident, my right shoulder and
4 my arm.

5 Q Which arm?

6 A Bicep, right side.

7 Q Okay. And in the shoulder area, where is
8 it?

9 A The shoulder is right in here.

10 Q Okay. And on a pain scale of zero to ten,
11 zero being no pain, ten being the worst pain, what's
12 it like in your right shoulder?

13 A It's a six.

14 Q What's it like on your worst days?

15 A Ten.

16 Q How many bad or worse days do you have in a
17 week?

18 A About four.

19 Q Okay. What brings on those bad or worse
20 days?

21 A Just doing anything regularly during the
22 day, whatever I do. Like I said, if I'm raking
23 grass, if I'm cleaning the window, or just like right
24 now, it's hurting right in here.

25 Q Does it ever go away?

1 activities prior to the work accident?

2 A Prior to the accident, no.

3 Q Okay. After the accident, are you able to
4 do those activities?

5 A No.

6 Q What keeps you from doing them?

7 A It's just my, a shoulder pinch or sometimes
8 I hear it pop, so I just stop.

9 Q Okay. Now, you were asked about your, you
10 know, job duties as a captain in the fire department.
11 Were you still required to do the same type of work
12 load that the other guys were required to do, same
13 physical requirements?

14 A Yes.

15 Q And so would you be expected or would you be
16 expected to do the same type of lifting that would be
17 required for any other firefighter?

18 A Yes.

19 Q Okay. With the injuries you have now, are
20 you physically able to return to work as a
21 firefighter?

22 A No.

23 Q And why not?

24 A Because now when we're talking about lifting
25 somebody, if I went in to a call and, let's say, a

1 burning house and somebody was in there and they
2 weigh over 200 pounds, you know, I couldn't pick them
3 up myself. I couldn't even do CPR because of doing
4 compressions on somebody's chest. I couldn't do
5 that.

6 Q What would happen if you had to do repeated
7 compressions on somebody's chest with your right
8 shoulder and your right biceps?

9 A My shoulder, I wouldn't be able to move it
10 sometimes.

11 Q Okay. Now, you were asked if you were
12 left-handed or right-handed. Which hand do you write
13 with?

14 A Left hand.

15 Q Which hand do you do -- when you're
16 firefighting, I imagine you use both arms, but which
17 one do you favor when you were doing your tasks as a
18 firefighter?

19 A Right hand.

20 Q And why is that? It's kind of odd to be
21 writing with your left and then be favoring your
22 right. So why is that for you?

23 A It's just always been more comfortable to do
24 it with my right side than my left-hand side.

25 Q Okay. Okay. Now, when you do tasks around

1 the house like the raking and things like that, are
2 you able to do that pain-free?

3 A No.

4 Q Okay. Tell me about that. When you're
5 doing the task, what happens to your pain level, if
6 anything?

7 A If I had a pain pill, I would take it.

8 Q Okay.

9 A That's how bad it hurts.

10 Q Okay. How about when you do the task, did
11 you have to take breaks before the work accident?
12 Say, for example, if you were raking before the work
13 accident, would you be forced to take breaks?

14 A Oh, no. I could cut grass and trim bushes
15 and all of that without stopping.

16 Q After the accident, what's it like for you
17 to do these tasks? Do you have to take breaks?

18 A I do a little bit of work, and then I stop
19 and go back. Sometimes I don't even go back.

20 Q Why do you have to stop?

21 A My shoulder hurts.

22 Q Which shoulder?

23 A My right shoulder's hurting.

24 Q And when you take the breaks, how long do
25 you usually break for?

1 A About ten, 20 minutes.

2 Q Okay. All right. In the two years or so
3 since you've had to retire from the fire department,
4 have you tried to find the best employment options
5 that you could out there for you?

6 A Yes.

7 Q Okay. If you could have found a job or jobs
8 that would pay you more than what you're currently
9 earning, would you be in those jobs today?

10 A Yes.

11 Q Have the places you've applied in your
12 efforts, have you found anything better than the
13 employment you're currently employed in?

14 A No.

15 Q And you were asked about if you had seen
16 Jean Hutchinson since 2011. Has anything in your
17 physical or work condition changed since that time?
18 Have you gotten better since that time?

19 A No.

20 MR. CHRISTMAS: Okay. That's all I
21 have.

22 MS. URBANIC: I don't have anything
23 else.

24 (The deposition concluded at 4:00 p.m.)
25

REPORTER'S CERTIFICATE.

1 I do hereby certify that the witness whose
2 attached deposition was taken before me in the
3 aforementioned matter was, by me, first duly sworn to
4 testify the truth, the whole truth, and nothing but
5 the truth; that the testimony contained in said
6 deposition was, by me, reduced to writing in the
7 presence of said witness by means of computerized
8 transcription. The said deposition is a true and
9 accurate transcript of the whole of the testimony
10 given by the said witness, as aforesaid.

11 I do further certify that I am not
12 connected by blood or marriage with any of the
13 parties or their attorneys or agents, and I am not an
14 employee of either of them, nor interested directly
15 or indirectly in the matter of controversy either as
16 counsel, attorney, agent or otherwise.

17 Sworn to and subscribed before me this the
18 2nd day of May 2013.

19 *Lynda A. Bousquet*



20 Lynda A. Bousquet
21 Court Reporter and Notary Public
22 My Commission Expires: 6/2/16
23
24
25

South Carolina Workers' Compensation Commission
P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 08:3803
Carrier File # 2015-005942
Carrier Code # 501 - SF
Employer FEIN 571 008015

Thomas Contreras 117-58-7473
363 Lantana Drive, Charleston, SC 29407

ST JOHN'S FIRE DIST COMM
P.O. Box 56, Johns Island, SC 29457

(843) 768-4429 (home) (work)

Preparer's name: Fay Jennings (803) 886-5853 State Accident Fund, Insurance Carrier

Compensation Paid	Number of Weeks	From	To	Amount
1. Number of weeks T.T.				
2. Number of weeks T.P.				
3. Number of weeks P.P.				
4. Disfigurement				
5. Agreement and Final Release				19,000.00
Total Compensation Paid				19,000.00
6. Total Medical Benefits* Paid				12,229.34
7. Funeral Benefits				

() Case Denied

Date of Injury: 11/17/2015

By signing this receipt, I acknowledge that I have received the compensation shown above.

By:

RECEIVED
JAN 5 2007
Claimant

By:

D. Mark Jensen
Employer's Representative

Date:

12/13/06

Print or type the name of the person, other than the claimant, who received the benefits and sign below.

By:

S.C. Workers' Comp. Comm.

Report of additional Fees and Recoupment

- A. Carrier Reimbursement by Third Party \$
B. Attorney's Fee Paid by Employer \$
C. Attorney's Fee Paid by Claimant \$
(Non contingent fees, only)

File this form with the Claims Department according to R.67-414 and R.67-1204. A person, other than the claimant, receiving benefits should sign on the line provided. *Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within sixteen days of final payment of compensation. Form 19 must be filed when a claim is denied.

WCC FORM # 19 REV. DATE 3/96 19

STATUS REPORT AND COMPENSATION RECEIPT

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

THOMAS CONTRERAS,)

Employee,)
Claimant,)

-vs-

ST. JOHNS FIRE DISTRICT) DEPOSITION OF:

THOMAS CONTRERAS
Employer,) April 29, 2013

and)

STATE ACCIDENT FUND,)

Carrier.)

The deposition of THOMAS CONTRERAS, taken before
Lynda A. Bousquet, Professional Court Reporter and
Notary Public, at the law offices of Howell &
Christmas, 250 Mathis Ferry Road, Suite 102, Mt.
Pleasant, South Carolina, on Monday, April 29, 2013,
at 3:12 p.m.

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EXHIBITS

(No exhibits were proffered.)

APPEARANCES

REPRESENTING THE EMPLOYEE/CLAIMANT:

GARY CHRISTMAS, ESQUIRE
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250 Mathis Ferry Road
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go@howellandchristmas.com

REPRESENTING THE EMPLOYER/CARRIER:

MARGARET M. URBANIC, ESQUIRE
Clawson & Stambes
126 Seven Farms Drive, Suite 100
Charleston, SC 29492
murbanic@clawsonandstambes.com

(THOMAS CONTRERAS, having been first
duly sworn, testified as follows:)

EXAMINATION BY MS. URBANIC:

Q Is it Contreras?

A Contreras.

Q Okay. I think we've met a year or so ago.
Vaguely, I remember that.

A Uh-huh.

Q My name is Peggy Urbanic. I represent the
St. Johns Fire District and the State Accident Fund
with regard to your Workers' Compensation case. I'm
here to take your deposition, which I'm sure your
attorney's explained to you, but basically I'm just
going to ask you some questions.

A Okay.

Q If you don't understand one of my questions,
just let me know. I'm happy to rephrase it for you.
Okay?

A Okay.

Q Can I get your full name, please.

A Thomas Contreras, Jr.

Q And where are you currently residing?

A 363 Lantana Drive, Charleston, South
Carolina 29407.

Q Okay. Great. Does anybody live with you?

1 A My wife.
 2 Q Okay.
 3 A My father-in-law and my mother.
 4 Q So your father-in-law and your mother. So
 5 you have got both sides represented?
 6 A Uh-huh.
 7 Q Is that a yes?
 8 A Yes.
 9 Q I just need you to say yes or no because
 10 she's taking it all down. What's your wife's name?
 11 A Renee.
 12 Q And your father-in-law's name?
 13 A Stanley Latarry.
 14 Q And your mother?
 15 A Maria Contreras.
 16 Q And does your wife work?
 17 A She's working temporary now.
 18 Q What type of work does she do?
 19 A She's a legal assistant.
 20 Q Oh, okay. Very good. Do you know where
 21 she's working currently?
 22 A No, I don't know. I know where it's at.
 23 Q Where is it at?
 24 A Downtown. It's downtown. Right by Tommy
 25 Condon's. Right across from it.

1 Q Okay. Now, do you support your
 2 father-in-law and mother?
 3 A No.
 4 Q No. So they are not relying on you for
 5 income in any way?
 6 A No.
 7 Q They just reside with you?
 8 A Right.
 9 Q Is that right? Do you have any children?
 10 A Yes.
 11 Q How old are your children?
 12 A My daughter is 24. My son is 28.
 13 Q Is that it?
 14 A That's it.
 15 Q Okay. Do either one of your children rely
 16 on you for income?
 17 A No.
 18 Q Do you support them in any fashion?
 19 A No.
 20 Q Okay. All right. How far did you go in
 21 school?
 22 A High school.
 23 Q Any vocational, technical school after
 24 that?
 25 A No.

1 Q And you're currently how old?
 2 A Fifty-one.
 3 Q All right. And obviously you have worked as
 4 a firefighter. What other type of work have you done
 5 as an adult?
 6 A I worked for Domino's Pizza. I installed
 7 fireplaces. I did landscaping. Let's see. Home
 8 Depot. I work at a bowling alley.
 9 Q Okay. How long were you a firefighter?
 10 A Twenty-two years. Twenty-two.
 11 Q And did you work at any of these other
 12 places while you were a firefighter?
 13 A The bowling alley and Home Depot for a
 14 little bit.
 15 Q And what did you do at the bowling alley?
 16 A Front desk clerk.
 17 Q Which one?
 18 A Charleston Lanes on Savannah Highway.
 19 Q And how long ago was that?
 20 A I've been with them 12 years now.
 21 Q So you're still with them?
 22 A Yes.
 23 Q Okay. Great. How many hours a week are you
 24 working there?
 25 A About 14, sometimes a little more.

1 Q On average about 14?
 2 A Uh-huh.
 3 Q Is that a yes?
 4 A Yes.
 5 Q Okay. And how much are they paying you?
 6 A 9.18 an hour.
 7 Q And who is your supervisor there?
 8 A Johnny Wise.
 9 Q And you said you're just doing the front
 10 desk. What is that? Checking people in, giving them
 11 the shoes?
 12 A Yes.
 13 Q That kind of stuff?
 14 A Yes. And I do league coordinator too where
 15 I keep up with the paperwork for the leagues.
 16 Q And is that you only work part-time, is that
 17 just because they don't need you full-time or --
 18 A They don't have no full-time. They decided
 19 to do all part-time.
 20 Q Okay. They don't want to pay anybody
 21 benefits?
 22 A Yeah. They won't tell you that, but that's
 23 the reason.
 24 Q Okay. Is that mostly a standing job, a
 25 sitting job?

1 A If I'm working the front desk, it's
2 standing. If I'm doing league coordinator work, I'm
3 sitting.
4 Q Great. And I think you said you have also
5 worked at Home Depot while you were a firefighter.
6 How long ago was that?
7 A About 15 years ago.
8 Q Okay. And was that just as a sales clerk
9 there?
10 A Lot attendant. I took care of -- helped
11 people put stuff in their cars, put shopping carts
12 back, find something for a customer.
13 Q Okay. Great. So the Domino's Pizza, a
14 fireplace installer, and landscaper, was that all
15 before you became a firefighter?
16 A Yes.
17 Q And I realize you're no longer working as a
18 firefighter; is that correct?
19 A Right.
20 Q And have you looked for any other work since
21 leaving the fire district? You're working at the
22 bowling alley, but have you looked for anything else
23 work-wise?
24 A Yes.
25 Q What kind of work have you looked for?

1 A I applied at Wal-Mart, CarMax, and been
2 looking at some federal jobs, but --
3 Q What kind of federal jobs do we have in
4 Charleston, out of curiosity?
5 A Well, most of them aren't in Charleston.
6 That's the problem. I have been looking for what I
7 did in the Army, finance clerk. I tried to get into
8 some type of immigration job, but --
9 Q And are those jobs you have applied online
10 or have you just looked at them or --
11 A Online.
12 Q Online. You actually applied for some of
13 those jobs?
14 A Yeah.
15 Q Have you gotten a response back from the
16 government?
17 A Nothing.
18 Q Nothing. And was that recently you applied
19 for that type of work?
20 A Probably about two months ago.
21 Q Okay. All right. And I think you said
22 Wal-Mart, CarMax. When did you apply at Wal-Mart?
23 A When?
24 Q Uh-huh.
25 A Six months ago.

1 Q Was that just as a store clerk-type
2 position?
3 A Yes.
4 Q And did you get any response back from
5 that?
6 A I didn't pass their little test that they
7 gave me.
8 Q They've got a test?
9 A Yeah.
10 Q What's the test?
11 A It's one of those tests where they ask the
12 employees if you saw somebody take a soda out the
13 fridge, out the cooler, what do you do, you know: A,
14 tell the employee, B, nothing, or tell the
15 supervisor, you know, like that.
16 Q And how did you answer?
17 A Some of them, I said tell the supervisor,
18 but some of them I told them I would just tell the
19 employee to put it back, you know.
20 Q That's the wrong answer?
21 A Right. That's what my daughter told me.
22 That's the wrong answer. You got to tell the
23 supervisor and all of them, so.
24 Q Okay.
25 A I guess that's why I --

1 Q Didn't get it. I didn't know they had a
2 test.
3 A Uh-huh. All these jobs, even AMF has a
4 test. All of them do.
5 Q And CarMax, was that for sales?
6 A That was finance rep, was it? It was
7 working in the office.
8 Q And what happened with that job?
9 A I never heard anything about it.
10 Q Never heard back?
11 A Hu-huh.
12 Q Do you think if you got like a finance
13 clerk-type position like that you could do that type
14 of work?
15 A Well, I love that.
16 Q You like that type of work?
17 A I love numbers.
18 Q I don't. So you think you could sit at a
19 desk job, do that type of work all day without any
20 problem?
21 A Yeah.
22 Q And you mentioned you were in the Army?
23 A Uh-huh.
24 Q When were you in the Army?
25 A '79 through '84.

1 Q And you said you did finance clerk-type
2 position in the Army?
3 A Yes.
4 Q Did I hear that? Are you fluent in any
5 languages?
6 A Spanish.
7 Q And have you looked for any languages to use
8 your Spanish skills? Have you looked for any jobs to
9 use your Spanish skills?
10 A No.
11 Q No. You mentioned the immigration. Was
12 that in hopes -- I mean, would that tie into your
13 Spanish-speaking abilities?
14 A Yes. Yeah.
15 Q Was that like an immigration officer or some
16 other --
17 A Yes.
18 Q I don't know what other jobs they had with
19 the immigration within the federal government. I
20 always think of the immigration officers. There
21 might be something else. I don't know. You applied
22 for immigration officer?
23 A Yeah, and some title like that. I'm not
24 going to tell you. I don't know exactly what it was.
25 Q Do you know what the job expectations were

1 for that? I mean, was it like a desk job? Was it
2 out --
3 A It was doing paperwork.
4 Q All right. Any other jobs you have looked
5 for? Nothing else recently?
6 A No.
7 Q Any other -- have you thought about doing
8 any other type of work? Any other plans for the
9 future?
10 A Yeah. I want to work.
11 Q I mean, I just didn't know if you thought
12 about it.
13 A I was hoping to get the manager's job at
14 AMF, but that didn't work, so.
15 Q At AMF, the bowling alley?
16 A Yes.
17 Q When did you apply for that?
18 A I didn't apply. They moved a manager from
19 somewhere else, but they transferred over.
20 Q Was that recently?
21 A About six months.
22 Q All right. But you could have done that
23 position had you gotten it?
24 A That was my goal eventually once I retired
25 from the fire department, hopefully be ready to move

1 into that.
2 Q Gotcha. All right. So any other thoughts
3 as to what type of work you might be able to do or
4 other jobs you're going to look into?
5 A I take care of -- I take care of a little
6 snack route but --
7 Q Okay.
8 A That's it.
9 Q Is that with a company or is that --
10 A That's -- I own that.
11 Q Oh, you own it?
12 A Yeah.
13 Q So what does that mean? Are you filling up
14 snack machines?
15 A Yes.
16 Q And how many hours a week does that take?
17 A About three.
18 Q And how long have you been doing that type
19 of work?
20 A Since '95.
21 Q Oh, okay.
22 A Everything I do, I always stick with it.
23 Q You do. Yes. Okay. And how much do you
24 earn off the snack route?
25 A That, I have never made no money off of that

1 route for nothing.
2 Q You've never made any money off of it?
3 A Hu-huh.
4 Q Why do you do it?
5 A Just to have something to do. It's at the
6 fire stations, so I can't charge a lot of money,
7 so.
8 Q So all the machines are at the different
9 fire stations?
10 A Yeah. It's four, I think.
11 Q Okay. Gotcha. Okay. You said you were a
12 firefighter for, was it 22?
13 A Twenty-two.
14 Q Twenty-two years. How long were you
15 planning to work as a firefighter?
16 A Fifty-five.
17 Q Till age 55?
18 A Yes.
19 Q Would that have been 25 years in the
20 service?
21 A That'd give me '28.
22 Q Twenty-eight. And what was your rank when
23 you left firefighting?
24 A Captain.
25 Q Captain. Did that entail some

1 sedentary-type duties, administrative duties as
2 captain?
3 A Everything.
4 Q Everything?
5 A Yes.
6 Q Okay. The whole job at that point?
7 A Everything. Supervising, paperwork. I was
8 responsible for the station, the trucks, the guys,
9 the property out there.
10 Q Uh-huh.
11 A You know.
12 Q Making the schedule for the guys, I'm sure.
13 A Not the schedule. That was the chief's job.
14 Q Oh, okay. All right. But mostly what you
15 did on a regular basis the time you made captain was
16 more administrative-type work?
17 A No.
18 Q No? So when you're captain, tell me what
19 was your typical day like as captain at the fire
20 station.
21 A I came in. The guys had to check the trucks
22 off. I had to make sure they did that. We had daily
23 duties to do for the day, which could consist of
24 cutting grass, windows. And I also had to make sure
25 our reports were done for the last shift, and I

1 supervised everybody.
2 Q How many guys did you supervise?
3 A It could go from two to five.
4 Q Okay.
5 A When I was at Kiawah, I had five guys.
6 Q Is that the bigger, one of the bigger
7 stations?
8 A Yes.
9 Q And how long were you a captain?
10 A About seven years.
11 Q And then who was your direct supervisor?
12 A Battalion Chief Lohr.
13 Q And did you ever deal with Chief -- is it
14 Stanley? I don't think -- he wasn't the fire chief
15 when you were there?
16 A He was operations chief.
17 Q Yeah, but I think he's now acting as the
18 full chief now that --
19 A Uh-huh.
20 Q -- other guy up and left.
21 A Uh-huh.
22 Q But you did deal with Chief Stanley as
23 operations chief --
24 A Yes.
25 Q -- back when you were there? And this

1 incident happened back in 2008, October 8th?
2 A Yes.
3 Q 2008. And how did that -- tell me briefly
4 how the accident happened.
5 A I was exercising, lifting weights. And when
6 I lift the weight up, my shoulder popped. And this
7 side came down. I had to get the guy that was with
8 me to pull it off me.
9 Q That was your right shoulder?
10 A Yes.
11 Q Are you right-handed or left-handed?
12 A Left-handed.
13 Q And I understand you have had some surgeries
14 to your right shoulder?
15 A Four.
16 Q Four. As we're sitting here today, how is
17 your right shoulder doing?
18 A Hurts.
19 Q Can you raise it up as much as you need to
20 raise it up? I mean, can you lift your arm over your
21 head?
22 A Yes.
23 Q Any problems raising your arm over your head
24 with your shoulder?
25 A I can raise it up, but I can't keep it up.

1 Q If you had to get something out of a, you
2 know, one of your top kitchen cabinets, could you do
3 it with your right arm if you had to get a bowl or
4 something down from a cabinet?
5 A My first option would be to ask my wife to
6 get it for me.
7 Q If your wife's not home.
8 A Yes. If I had to, yes.
9 Q Any problems lifting with your right arm?
10 A Yes.
11 Q How heavy an object do you think you could
12 lift with your right arm?
13 MR. CHRISTMAS: Let's correct the
14 record. I think you keep going back and
15 forth between left and right. Do you mean
16 left and right or are you trying to say
17 right every time?
18 MS. URBANIC: I thought I was saying
19 right every time.
20 MR. CHRISTMAS: No. There's a couple
21 lefts in there, but just so we know we're
22 talking about the right arm --
23 MS. URBANIC: I'm talking about the
24 right arm.
25 MR. CHRISTMAS: Just making sure we're

1 clear.
 2 MS. URBANIC: Sorry.
 3 MR. CHRISTMAS: No problem.
 4 BY MS. URBANIC:
 5 Q How heavy an object do you think you can
 6 lift with your right arm?
 7 A As far as pounds?
 8 Q Yeah. Or give me an example of an object if
 9 it's easier.
 10 A My granddaughter.
 11 Q How old is your granddaughter?
 12 A Two.
 13 Q Two. So how much does she weigh roughly?
 14 A Fifteen pounds.
 15 Q Fifteen pounds?
 16 A Yeah.
 17 Q That's awfully small for a two-year-old.
 18 A That's the last time that I heard.
 19 That's -- I don't know about -- I guess she's more
 20 now.
 21 Q But if you had to lift up your granddaughter
 22 with your right arm, you could lift her up with your
 23 right arm?
 24 A I would do it first with my left arm. I
 25 wouldn't try with my right one.

1 Q I'm trying to get an idea what you can and
 2 can't do with your right arm. That's why. Could you
 3 lift up a gallon jug of milk with your right arm off
 4 the table?
 5 A I can take it out like that. To lift it up,
 6 that would hurt.
 7 Q All right. Any activities that you don't do
 8 now because of the problem with your right shoulder?
 9 A I try not to do anything overhead.
 10 Q And what sort of activities would that be
 11 for you?
 12 A If I had to -- like if I was cleaning
 13 windows. I know one thing that I want to do but I
 14 can't do is like trim the limbs off of a tree. I
 15 have a pole bar. I can't hold it up like that.
 16 Q Okay.
 17 A So I don't do that.
 18 Q Okay. Anything else that comes to mind?
 19 A I don't pull with my arm, with that arm.
 20 You know, like if I'm getting in the car or
 21 something, I won't pull myself in to grab the
 22 steering wheel and pull.
 23 Q All right. And have you seen any doctors
 24 recently for your right shoulder?
 25 A Recently?

1 Q Yeah.
 2 A No. Not since Dr. DeMarco cut me off.
 3 Q You haven't --
 4 A Or let me go.
 5 Q Do you have a regular family doctor?
 6 A Yes.
 7 Q Who is family doctor?
 8 A Dr. David Seignious.
 9 Q And where is he?
 10 A On Johns Island on Maybank Highway.
 11 Q And do you go to him on any regular basis
 12 for any reason?
 13 A Yes.
 14 Q What do you go to him for?
 15 A He treats me for my diabetes, if I have a
 16 cold or something.
 17 Q Have you ever seen him for your right
 18 shoulder?
 19 A I have asked him questions, you know, but I
 20 have never gone to him to see him. I have asked him
 21 questions just to see what Dr. DeMarco is saying and
 22 what he seems to think, you know. So he's my doctor,
 23 so I let him know what's going on.
 24 Q Has he ever prescribed medication for you?
 25 For your shoulder?

1 A No.
 2 Q Sorry. I shouldn't have meant that in
 3 general. I'm sure he's prescribed medication for
 4 you. Is your diabetes under control?
 5 A Yes.
 6 Q All right. Now, have you injured any other
 7 body parts other than your right shoulder?
 8 A My left shoulder.
 9 Q Okay. And when did you injure your left
 10 shoulder?
 11 A I think that was in 2006.
 12 Q So that was before the injury to your right
 13 shoulder?
 14 A Yes.
 15 Q And what did you do to your left shoulder?
 16 A Same thing I did to this shoulder, tore a
 17 muscle.
 18 Q Tore a muscle?
 19 A Uh-huh.
 20 Q How did you do that?
 21 A Weight lifting, weights.
 22 Q Exact same thing?
 23 A Yes.
 24 Q And you had surgery to your left shoulder as
 25 well?

6 (Pages 21 to 24)

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Electronically signed by Lynda Bousquet (001-368-759-3178)

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1 A Yes.
 2 Q And you had a Workers' Comp claim?
 3 A Yes.
 4 Q For your left shoulder? And is your left
 5 shoulder, is that -- how is that doing?
 6 A It hurts sometimes but --.
 7 Q How often does your left shoulder hurt?
 8 A Once or twice a week.
 9 Q Is your left shoulder as bad as your right
 10 shoulder?
 11 A No.
 12 Q Can you raise your left shoulder overhead?
 13 A I can raise it, yes.
 14 Q Can you keep it overhead if you had to raise
 15 it up for some reason?
 16 A No. No.
 17 Q Do you have any problems lifting with your
 18 left arm?
 19 A Yes.
 20 Q What kind of problems do you have lifting
 21 with your left arm?
 22 A Same thing with my right shoulder. Just
 23 pain in my shoulders. I can't -- it's not strong.
 24 Q Is it stronger -- is your left shoulder,
 25 left arm stronger than your right?

1 A Yes.
 2 Q Does your left arm prevent you from doing
 3 any activities?
 4 A Anything overhead.
 5 Q Okay. Do you have any hobbies or activities
 6 that you used to do that you don't do now because of
 7 either one of your shoulders?
 8 A Well, I used to fish a lot, but I sort of
 9 cut down on that.
 10 Q What kind of fishing did you do?
 11 A What kind of fishing?
 12 Q Yeah. Like offshore?
 13 A Inshore.
 14 Q Inshore. For anything in particular?
 15 A Whatever got on the hook. That's all.
 16 Q Where would you go fishing?
 17 A Jetties. That's where I like to go.
 18 Q And when is the last time you went
 19 fishing?
 20 A Wow. Probably October last year.
 21 Q Okay. October of 2012.
 22 A Yes.
 23 Q And why haven't you been fishing since
 24 October?
 25 A I just -- because of my shoulders. I

1 don't -- I can't -- I can't enjoy it really, you
 2 know.
 3 Q So you injured your left shoulder back in
 4 2006. Were you able to go back to work as a
 5 firefighter after that injury to your left
 6 shoulder?
 7 A Yes.
 8 Q So it wasn't until the 2008 accident that
 9 you stopped work as a firefighter?
 10 A Yes.
 11 Q Is that correct? And what -- is the lifting
 12 requirement why you can't go back to work as a
 13 firefighter?
 14 A The lifting, the training, the work. The
 15 actual work itself, I couldn't -- I can't do that
 16 stuff.
 17 Q Are you taking any type of pain medication
 18 on a regular basis?
 19 A No.
 20 Q Okay. Do you ever take like Tylenol or
 21 Aleve or Advil?
 22 A I take Tylenol. I put on BioFreeze. I had
 23 some patches that Dr. DeMarco gave me. I use those
 24 every now and then. I still got about three of
 25 those.

1 Q Okay. How often do you take Tylenol?
 2 A Maybe twice, two or three times a week.
 3 Q Is that after you do something in particular
 4 or just --
 5 A Yes.
 6 Q What sort of activity might you do?
 7 A It could be anything. It could be
 8 newspaper, flipping the page, working at the bowling
 9 alley, going outside and raking in the yard.
 10 Q Okay. What household chores do you do? Are
 11 you responsible for the yard work? Do you do stuff
 12 inside? How does that work with you and your wife?
 13 A I take care of the yard.
 14 Q And you do the yard?
 15 A And the cars.
 16 Q Are you able to cut the grass?
 17 A Yes.
 18 Q You mentioned raking. Do you have to rake
 19 the leaves every so often?
 20 A Uh-hmh. Yes.
 21 Q Are you able to do that?
 22 A Yes.
 23 Q Okay. Do you do any other type of yard
 24 work? I don't know what else you might do for your
 25 yard. But anything else that you do?

1 A I cut the bushes. All the equipment that I
2 have is like most of them are battery-powered so I
3 don't have to crank nothing up.
4 Q Okay.
5 A I make the job easier for me.
6 Q Flip a switch?
7 A Sometimes I just stop for an hour and wait
8 and go back.
9 Q And you mentioned the cars. What are you
10 doing with the cars? Washing them?
11 A Washing them.
12 Q Do you change the oil?
13 A No, I can't do that.
14 Q Is that just because you don't do that or
15 because you physically --
16 A Because of my shoulder, I can't do that.
17 Q Do you do any of the household chores, any
18 of the vacuuming or the cleaning or anything like
19 that?
20 A I do dishes.
21 Q Does your wife take care of the rest of the
22 house?
23 A Yes.
24 Q What's a typical day like for you?
25 A For me?

1 Q Uh-huh.
2 A Sometimes I have to take care of my
3 granddaughter.
4 Q That's the two-year old?
5 A Yes.
6 Q Okay.
7 A My daughter's in school. I take my mother
8 to the store, go to the bowling alley and do some
9 paperwork, run errands.
10 Q That pretty much covers it?
11 A Uh-huh.
12 Q Is that a yes?
13 A Yes.
14 Q Do you still work out? Do you do any type
15 of --
16 A I tried going to the gym.
17 Q Uh-huh.
18 A I ran on a treadmill. And I try lifting a
19 little bit of weights, but after awhile -- I do maybe
20 ten minutes of weights, and then I quit.
21 Q Okay. And when is the last time you think
22 you tried to go to the gym?
23 A About three weeks ago.
24 Q Okay. Do you try to go on a regular
25 basis?

1 A I was trying to but I stopped for awhile.
2 Q And why did you stop?
3 A Because I was gaining weight.
4 Q You stopped going because you were gaining
5 weight?
6 A Yes. The doctor said I was working out. So
7 I would get hungry, and I'd eat more. So I stopped,
8 and then I lose weight.
9 Q Well, I wish that's how it worked for me.
10 If I stopped going to the gym, I wouldn't lose
11 weight. That's not how it's working.
12 A I lost seven pounds.
13 Q You were lucky then. Okay. And which gym
14 were you going to?
15 A Planet Fitness, Citadel Mall.
16 Q Okay. Of the jobs that you have been
17 looking at, like the federal jobs you mentioned with
18 immigration -- and there was one other federal job.
19 I don't remember which -- what was it? Some sort of
20 finance clerk position? Do you have any idea what
21 the potential wage range was for that? What could
22 you possibly earn if you got one of those jobs?
23 A The finance clerk, I'm going to say up to
24 49,000.
25 Q Okay. Do you know what the base was?

1 A Probably 35.
2 Q How about the immigration?
3 A Immigration was like, I want to say, 50 to
4 90,000.
5 Q And how about for the bowling alley manager,
6 do you have any idea what that pay is?
7 A I don't know how much they make.
8 Q How about for that CarMax job?
9 A I think that was a minimum wage job.
10 Q For the finance?
11 A Uh-huh.
12 Q Is that a yes?
13 A Yes.
14 Q Have you thought about going to school or
15 doing any type of training to look for work?
16 A I thought about school.
17 Q What kind of areas?
18 A Human resource.
19 Q Have you looked into any programs?
20 A (Witness moves head back and forth.)
21 Q No?
22 A No. You got to have money to go.
23 Q Do you have any idea how much they cost?
24 A No.
25 Q All right. And what income do you have

1 coming in right now? You mentioned your wife is
 2 working a temp job.
 3 A The fire department pension.
 4 Q You have been able to collect on that?
 5 A Yes.
 6 Q How much is that?
 7 A I want to say 3,200 a month before taxes.
 8 Q Okay. Any other income coming in?
 9 A Bowling alley.
 10 Q Bowling alley.
 11 A That's maybe 400 a month.
 12 Q Anything else?
 13 A (Witness moves head back and forth.)
 14 Q That's it?
 15 A Yes.
 16 Q Have you ever applied for unemployment?
 17 A No.
 18 Q Have you ever applied for Social Security
 19 disability?
 20 A No.
 21 Q And your plan is to get a full-time job
 22 somewhere?
 23 A Yes.
 24 Q And since -- you mentioned you injured your
 25 left shoulder back in 2006. Have you had any other

1 injuries to your left shoulder since 2006?
 2 A To my left shoulder?
 3 Q Right. Yes. Correct. Sorry. I didn't
 4 mean to say right.
 5 A No. Not --
 6 Q And for the 2008 incident, the injury's to
 7 your right shoulder, correct?
 8 A Yes.
 9 Q Any other Workers' Comp accidents?
 10 A No.
 11 Q All right. Any car accidents or any other
 12 accidents that you have been involved in?
 13 A I have been in three car accidents.
 14 Q Okay. And when was -- when was the first
 15 accident you were in?
 16 A Back in '80 something.
 17 Q In the 1980s?
 18 A Yeah.
 19 Q Were you injured in that accident?
 20 A I had whiplash.
 21 Q Your neck?
 22 A Yes.
 23 Q Did you fully recover from that?
 24 A Yes.
 25 Q When was the second accident?

1 A The second accident, probably in the '80s,
 2 too. Got rear-ended by a tractor-trailer.
 3 Q Okay.
 4 A There wasn't nothing --
 5 Q Any injuries?
 6 A No.
 7 Q And when was the third accident?
 8 A I hit a tractor-trailer.
 9 Q Okay.
 10 A No accident -- no injury there.
 11 Q No injuries. Okay. Other than the
 12 surgeries to your shoulders, any other surgeries on
 13 any other body parts?
 14 A Both my feet, I had surgery on them. My
 15 left foot, I had ankle surgery. And I've had sinus
 16 surgery.
 17 Q What did you do to your left ankle or your
 18 left foot?
 19 A The foot is bunions. My ankle, I almost
 20 broke it.
 21 Q What were you doing to almost break your
 22 ankle?
 23 A Trying to cut a tree limb off a house.
 24 Q And you ended up getting surgery?
 25 A About a year later or two years later, yes.

1 Q Any other ongoing problems with your left
 2 ankle or foot?
 3 A No.
 4 Q Any other surgeries?
 5 A No.
 6 Q Any other hospitalizations?
 7 A (Witness moves head back and forth.)
 8 Q No?
 9 A No.
 10 Q Okay. It's been since what, 2010 since you
 11 worked for the department? Does that sound about
 12 right?
 13 A It's been about two years since I've been
 14 out. '11.
 15 Q Maybe it's 2011?
 16 A January, I believe.
 17 Q I knew it had been a little bit of time.
 18 Have you been back to see Jean Hutchinson at all or
 19 talked to her?
 20 A Who is that?
 21 Q Okay. She's --
 22 A The voc rehab lady?
 23 Q Yeah.
 24 A No, hu-huh, I haven't.
 25 Q So I have a report that's dated back in

1 2011. I didn't know if you had talked to her,
 2 communicated with her in any way since then?
 3 A No.
 4 Q No. Okay. Have you ever been a part of any
 5 other lawsuits?
 6 A No.
 7 Q Have you ever been arrested for any
 8 reason?
 9 A I was never arrested. I was accused of
 10 doing something, but I never got arrested.
 11 Q What were you accused of doing?
 12 A My wife worked at an apartment complex, and
 13 they got robbed overnight. And somebody blamed it on
 14 me.
 15 Q But you didn't get arrested for it?
 16 A No.
 17 Q Ever been treated for drug or alcohol --
 18 A No.
 19 Q -- abuse? Have you ever had any
 20 psychological or psychiatric counseling?
 21 A No.
 22 MS. URBANIC: I think that's all the
 23 questions I have.
 24 EXAMINATION BY MR. CHRISTMAS:
 25 Q I just have a couple. From head to toe,

1 what all is injured as a result of the work
 2 accident?
 3 A As the work accident, my right shoulder and
 4 my arm.
 5 Q Which arm?
 6 A Bicep, right side.
 7 Q Okay. And in the shoulder area, where is
 8 it?
 9 A The shoulder is right in here.
 10 Q Okay. And on a pain scale of zero to ten,
 11 zero being no pain, ten being the worst pain, what's
 12 it like in your right shoulder?
 13 A It's a six.
 14 Q What's it like on your worst days?
 15 A Ten.
 16 Q How many bad or worse days do you have in a
 17 week?
 18 A About four.
 19 Q Okay. What brings on those bad or worse
 20 days?
 21 A Just doing anything regularly during the
 22 day, whatever I do. Like I said, if I'm raking
 23 grass, if I'm cleaning the window, or just like right
 24 now, it's hurting right in here.
 25 Q Does it ever go away?

1 A No.
 2 Q All right. And the biceps area that you
 3 pointed to earlier on that same pain scale of zero to
 4 ten, zero being no pain and ten being the worst pain,
 5 what's it like in your right biceps?
 6 A About a six.
 7 Q And what's it like on your worst days with
 8 that?
 9 A Ten.
 10 Q How many bad or worse days do you have with
 11 the right biceps?
 12 A About three or four.
 13 Q Same type of thing that causes that to get
 14 worse?
 15 A Yes.
 16 Q Same activities?
 17 A Yes.
 18 Q And you talk about those activities like
 19 doing things around the house. Before the accident,
 20 did you do anything inside the house like vacuum or
 21 any tasks that you used to do that you no longer
 22 do?
 23 A I used to vacuum and dust and clean around
 24 the house, but --
 25 Q Did you have any problems doing those

1 activities prior to the work accident?
 2 A Prior to the accident, no.
 3 Q Okay. After the accident, are you able to
 4 do those activities?
 5 A No.
 6 Q What keeps you from doing them?
 7 A It's just my, a shoulder pinch or sometimes
 8 I hear it pop, so I just stop.
 9 Q Okay. Now, you were asked about your, you
 10 know, job duties as a captain in the fire department.
 11 Were you still required to do the same type of work
 12 load that the other guys were required to do, same
 13 physical requirements?
 14 A Yes.
 15 Q And so would you be expected or would you be
 16 expected to do the same type of lifting that would be
 17 required for any other firefighter?
 18 A Yes.
 19 Q Okay. With the injuries you have now, are
 20 you physically able to return to work as a
 21 firefighter?
 22 A No.
 23 Q And why not?
 24 A Because now when we're talking about lifting
 25 somebody, if I went in to a call and, let's say, a

1 burning house and somebody was in there and they
2 weigh over 200 pounds, you know, I couldn't pick them
3 up myself. I couldn't even do CPR because of doing
4 compressions on somebody's chest. I couldn't do
5 that.

6 Q What would happen if you had to do repeated
7 compressions on somebody's chest with your right
8 shoulder and your right biceps?

9 A My shoulder, I wouldn't be able to move it
10 sometimes.

11 Q Okay. Now, you were asked if you were
12 left-handed or right-handed. Which hand do you write
13 with?

14 A Left hand.

15 Q Which hand do you do -- when you're
16 firefighting, I imagine you use both arms, but which
17 one do you favor when you were doing your tasks as a
18 firefighter?

19 A Right hand.

20 Q And why is that? It's kind of odd to be
21 writing with your left and then be favoring your
22 right. So why is that for you?

23 A It's always been more comfortable to do
24 it with my right side than my left-hand side.

25 Q Okay. Okay. Now, when you do tasks around

1 A About ten, 20 minutes.

2 Q Okay. All right. In the two years or so
3 since you've had to retire from the fire department,
4 have you tried to find the best employment options
5 that you could out there for you?

6 A Yes.

7 Q Okay. If you could have found a job or jobs
8 that would pay you more than what you're currently
9 earning, would you be in those jobs today?

10 A Yes.

11 Q Have the places you've applied in your
12 efforts, have you found anything better than the
13 employment you're currently employed in?

14 A No.

15 Q And you were asked about if you had seen
16 Jean Hutchinson since 2011. Has anything in your
17 physical or work condition changed since that time?
18 Have you gotten better since that time?

19 A No.

20 MR. CHRISTMAS: Okay. That's all I
21 have.

22 MS. URBANIC: I don't have anything
23 else.

24 (The deposition concluded at 4:00 p.m.)
25

1 the house like the raking and things like that, are
2 you able to do that pain-free?

3 A No.

4 Q Okay. Tell me about that. When you're
5 doing the task, what happens to your pain level, if
6 anything?

7 A If I had a pain pill, I would take it.

8 Q Okay.

9 A That's how bad it hurts.

10 Q Okay. How about when you do the task, did
11 you have to take breaks before the work accident?
12 Say, for example, if you were raking before the work
13 accident, would you be forced to take breaks?

14 A Oh, no. I could cut grass and trim bushes
15 and all of that without stopping.

16 Q After the accident, what's it like for you
17 to do these tasks? Do you have to take breaks?

18 A I do a little bit of work, and then I stop
19 and go back. Sometimes I don't even go back.

20 Q Why do you have to stop?

21 A My shoulder hurts.

22 Q Which shoulder?

23 A My right shoulder's hurting.

24 Q And when you take the breaks, how long do
25 you usually break for?

REPORTER'S CERTIFICATE.

1 I do hereby certify that the witness whose
2 attached deposition was taken before me in the
3 aforementioned matter was, by me, first duly sworn to
4 testify the truth, the whole truth, and nothing but
5 the truth; that the testimony contained in said
6 deposition was, by me, reduced to writing in the
7 presence of said witness by means of computerized
8 transcription. The said deposition is a true and
9 accurate transcript of the whole of the testimony
10 given by the said witness, as aforesaid.

11 I do further certify that I am not
12 connected by blood or marriage with any of the
13 parties or their attorneys or agents, and I am not an
14 employee of either of them, nor interested directly
15 or indirectly in the matter of controversy either as
16 counsel, attorney, agent or otherwise.

17 Sworn to and subscribed before me this the
18 2nd day of May 2013.

19
20
21 *Lynda A. Bousquet*



22 Lynda A. Bousquet
23 Court Reporter and Notary Public.
24 My Commission Expires: 6/2/16
25

South Carolina Workers' Compensation Commission
P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0513803
Carrier File # 2015-005842
Carrier Code # 501 - SF
Employer FEIN 576008015

Thomas Contreras 117-58-7473
363 Lantana Drive, Charleston, SC 29407

ST JOHNS FIRE DIST COMM
P.O. Box 56, Johns Island, SC 29457

(843) 768-4429 (home) (work)

Preparer's name: Fay Jennings (803) 896-5853 State Accident Fund, Insurance Carrier

Compensation Paid	Number of Weeks	From	To	Amount
1. Number of weeks T.T.				
2. Number of weeks T.P.				
3. Number of weeks P.P.				
4. Disfigurement				
5. Agreement and Final Release				19,000.00
Total Compensation Paid				19,000.00
6. Total Medical Benefits* Paid				12,228.34
7. Funeral Benefits				

() Case Denied

Date of Injury: 11/17/2015

By signing this receipt, I acknowledge that I have received the compensation shown above.

By: [Signature]
Claimant

By: [Signature]
Employer's Representative

Date: 12/13/15

Print or type the name of the person, other than the claimant, receiving the benefits and sign below.

By: S.C. Workers' Comp. Comm.

Report of additional Fees and Recoupment

A. Carrier Reimbursement by Third Party \$
B. Attorney's Fee Paid by Employer \$
C. Attorney's Fee Paid by Claimant \$
(Non contingent fees, only)

File this form with the Claims Department according to R.67-414 and R.67-1204. A person, other than the claimant, receiving benefits should sign on the line provided. Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within sixteen days of first payment of compensation. Form 19 must be filed when a claim is denied.

WCC FORM # 19 REV. DATE 3/96 19

STATUS REPORT AND COMPENSATION RECEIPT

RECEIVED

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APR 22 2022

SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No. 2021-000683

Thomas Contreras, Claimant, ... Appellant,

v.

St. John's Fire District Commission, Employer, and
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.

Respectfully Submitted,



Stephen B. Samuels
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Columbia, SC 29201
(803) 779-4000
stephen@samuelsreynolds.com

April 21, 2022 Columbia,
South Carolina

ATTORNEYS FOR APPELLANT