01-1119-CD
KENNETH J. LONG etal -vs- ERIE INSURANCE EXCHANGE

CA

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

KENNETH J. LONG and KATHIE M. LONG, his wife, as parents and natural guardians of ALISON M. LONG, a minor, and in their own right, Plaintiffs	:	No. 2001 - 1119 - CD
v.	:	
ERIE INSURANCE EXCHANGE, Defendant	:	

FILED

JUL 12 2001

William A. Shaw
Prothonotary

PETITION TO APPROVE SETTLEMENT OF MINOR'S CLAIM

AND NOW, comes the Petitioners, Kenneth J. Long and Kathie M. Long, as parents and natural guardians of Alison M. Long, a minor, by and through their counsel, **Nicholas, Perot, Strauss & Koehler, P.C.,** and files this Petition to Approve Settlement of Minor's Claims, the content of which is as follows:

1. That Petitioners Kenneth J. Long and Kathie M. Long, are husband and wife and the parents and natural guardians of Alison M. Long, a minor, presently residing at Rt. 53, P.O. Box 292, North Madera, Pennsylvania 16661.

2. That Alison M. Long is presently 13 years old and her birth date is September 19, 1987 and she presently resides at Rt. 53, P.O. Box 292, North Madera, Pennsylvania 16661.

3. That this matter arises out of a personal injury claim against the Defendants, Andrew E. Visnofsky, a minor, believed to be residing with his father, Defendant John E. Visnofsky at P.O. Box 466, North Madera, Clearfield County, Pennsylvania 16661 and his mother, Defendant Victoria L. Visnofsky presently residing at Main Street, P.O. Box 257, North Madera, Clearfield County, Pennsylvania 16661. That action is pending in Clearfield County at No. 2000-1487-CD.

4. That the accident which resulted in this litigation occurred on or about July 9, 2000 at approximately 12:36 p.m., when minor Defendant Andrew E. Visnofsky was operating a 1990 Mazda 323 registered to his mother, Defendant Victoria L. Visnofsky, on Bigler Township Route 555, more commonly know as Betz Road, in Bigler Township, Clearfield County, Pennsylvania. At that time, he left the roadway and struck a utility pole located off the western berm.

5. That minor Plaintiff Alison M. Long was a rear-seat passenger in the above motor vehicle and suffered severe, serious and permanent injuries as outlined below.

6. That Plaintiff Alison M. Long was initially treated at the scene and flown to Conemaugh Memorial Hospital where she was admitted from July 9, 2000 to July 28, 2000. Her initial diagnosis was severe head injury. Alison underwent an emergency ventriculostomy to relieve intercranial pressure. On July 28, 2000, she was discharged and transferred to Children's Institute of Pittsburgh. Her discharge diagnosis was as follows:

A. Right frontoparietal subdural hematoma;

B. Left occipital horn intraventricular hemorrhage;

C. Right parietal diffuse axonal injury;

D. Mid brain and brain stem shear injury;

E. Corpus callosum shear injury;

F. Right basal ganglia shear injury;

G. Bifrontal hemorrhagic shear injury;

H. T3, T5 and T6 compression fractures;

I. L1, L2 and L3 compression fractures;

J. Moderate hypothermia.

(A copy of the relevant Conemaugh Memorial Hospital Emergency Room Notes, Report of

Consultation of Carl Greene, M.D., PhD, Operative Reports and Discharge Summary are attached as Exhibit "A".)

7. The patient's condition had not stabilized and she was transferred to the Children's Institute in Pittsburgh from July 28, 2000 to October 21, 2000. Her Discharge Summary at that time was as follows:

A. Traumatic brain injury, severe craniocerebral trauma with right subdural hematoma and left interventricular hemorrhage with defuse axonal injuries and shear injuries secondary to motor vehicle accident on 07/09/2000.

B. Compression fractures of thoracic lumbar spine, healed.

C. Fracture of right forearm, healed.

D. Heterotopic ossification right lower extremity, improved.

E. Occipital decubitus, healed.

F. Monilial dermatitis of the perineal buttock area, resolved.

G. Tracheostomy, decannulated.

H. PEG tube removed.

I. Pneumonia resolved.

J. Remote urinary tract infection, resolved.

K. Remote Staphylococcus epidermitis sepsis, treated and resolved.

L. Anemia, resolved.

(A copy of the relevant Children's Institute Medical History and Physical, Medical Discharge Summary, Rehabilitation Nursing Discharge Summary, Neurological Consultation, Physical Medicine and Rehabilitation Inpatient Evaluation, Physical Therapy Discharge Summary and Speech and Language Discharge Summary are attached as Exhibit "B".)

8. On October 21, 2000, she was transferred to Healthsouth Rehabilitation Hospital in Altoona, Pennsylvania. The patient was admitted to inpatient therapy on 10/21/00 and discharged on 10/23/00. Her admitting and final diagnosis included activities of daily living and ambulatory disfunction secondary to status post motor vehicle accident with resulting closed head injury. She was to follow up with a Day Treatment Program at Healthsouth Rehabilitation for physical therapy, occupational therapy and speech therapy. She was seen for these type of therapies from 10/25/00 to her discharge on 12/19/00.

a. With regard to physical therapy, she met the goal of being able to ambulate community distances without an assistant device. However, she did not meet her goals of increasing bilateral lower extremity strength 5/5 or balance skills. She was discharged to a home exercise program with assistance of her parents.

b. With regard to occupational therapy, she was able to meet some of her goals and not others. She was able to demonstrate increased written and verbal functions as well as reaction time and attention span. She required supervision with basic activities of daily living. It did not appear whether she met the criteria to be able to return to regular academic programs.

c. With regard to speech therapy, her discharge diagnosis was cognitive linguistic disfunction secondary to traumatic brain injury. They believe that Alison would benefit from a life skills class that is highly structured and supportive. The therapist indicated that she achieved a Rancho Loss Amigos VI Level from a V Level. (A copy of the relevant Healthsouth history and physical exam, consultation, discharge summary as well as occupational therapy, physical therapy and speech therapy initial evaluations and discharge summaries are attached hereto as Exhibit "C".)

9. That on May 23, 2001, Dr. Anna Chorazy issued a narrative report. (A copy of the narrative report is attached hereto as Exhibit "D".) At the time of her transfer to Healthsouth

Altoona Rehabilitation Hospital on October 21, 2000, her physical limitations were moderate, **mainly mild left sided weakness and some instability of gait**. Her major problems were related to her **cognitive and short term memory deficits**. Alison was not considered to have completed recovery from her injury by the time of her transfer.

10. Petitioners Kenneth J. Long and Kathie M. Long have an automobile insurance policy with Erie Insurance which provides underinsured motorist benefits in the amount of $100,000.00 stacked on two vehicles for a total of $200,000.00 in coverage.

That by letter dated February 20, 2001 from Barry Warner, the claims adjuster for Erie Insurance, offers the payment of the $200,000.00 limits. (A copy of the letter from Barry Warner of Erie Insurance dated February 20, 2001 is attached hereto as Exhibit "E")

11. That after filing a Complaint against the above Defendant and extensive investigations and negotiations, the insurance carrier for John E. Visnofsky and Andrew Visnofsky, Allstate Insurance Company, by letter dated January 17, 2001, has offered its policy limits of $25,000.00 to resolve this matter. (A copy of the Allstate Insurance Company letter dated January 17, 2001 is attached hereto as Exhibit "F".)

12. New Hampshire Indemnity Company has filed a Declaratory Judgment Action against Andrew Visnofsky, his parents and the injured passengers and their family's in Clearfield County No. 01-657-CD. The undersigned counsel will defend the Longs with regard to the Declaratory Judgment Action. (A copy of the Complaint for Declaratory Judgment Action, minus exhibits is attached hereto as Exhibit "G".)

13. It is Long's desire to settle this matter at this time with Erie Insurance Exchange for Underinsured Motorist Benefits of $200,000.00. Plaintiffs will pursue litigation against Andrew Visnofsky, a minor, John Visnofsky and Victoria Visnofsky at 2000-1487-CD, Clearfield County.

14. That Petitioners have entered their attorney fee agreement with Nicholas, Perot, Strauss & Koehler for 33% of all sums collected, which has been unilaterally reduced to 30% as a result of this minor's settlement. As such, Attorneys fees would amount to $60,000.00. (A copy of the fee agreement is attached hereto as Exhibit "H")

15. That medical bills were paid by Highmark Blue Cross Blue Shield. That by letter dated December 21, 2000, Highmark Blue Cross Blue Shield indicated they were not pursing any subrogation lien with regard to the above-captioned motor vehicle accident. (A copy of the Highmark Blue Cross Blue Shield letter dated December 21, 2000 confirming that no lien exists is attached hereto as Exhibit "I".)

16. That additional medical bills were paid by Medicare when she became eligible on November 7, 2000. (A copy of documents indicating Medicare's lien will be provided in an Amended Petition at time of hearing.)

17. That additional medical bills were paid by Plumbers and Pipe Fitters Union which has a lien in the amount of $4,632.50. (A copy of the document indicating the Plumbers and Pipe Fitters lien in the amount of $4,632.50 is attached hereto as Exhibit "J".) A lower amount may be negotiable.

18. The Plaintiffs have been contacted by Margie Rosselli, from a Victim/Witness Advocate of the Juvenile Division of the Office of the District Attorney of Clearfield County. She has made an application to the Pennsylvania Commission on Crime and Delinquency (PCCD), Victim Compensation Division, for crime victims compensation for any unpaid medical bills which may not otherwise be covered by the automobile insurance carrier, the health insurance carriers, or Medicare/DPW. I find this fund is a payor of last resort which would pay any additional unpaid medical bills if Alison's funds are held in a Special Needs Trust. (A copy of Ms. Rosselli's May 9,

2001 letter is attached hereto as Exhibit "K".)

19. The expenses incurred by Nicholas, Perot, Strauss & Koehler in representing Alison M. Long were as follows:

a.	Clearfield County Prothonotary	$ 80.00
b.	Clearfield County Sheriff	$ 93.09
c.	UPMC Health System	$107.09
d.	U.S. Postal Service	$ 17.15
e.	Smart Corporation (Healthsouth Records)	$120.27
f.	Pa. State Police	$ 8.00
g.	PIP Printing	$ 33.23
h.	C & D Investigative Services	$343.70
I.	Erie Indemnity Company	$ 16.90
j.	Kinko's Copies	$116.39
k.	Commonwealth of PA, DDI	$ 5.00
	TOTAL	$940.82

20. Therefore, Petitioners request that the settlement proceeds for Alison M. Long be distributed as follows:

a.	Alison M. Long Irrevocable Special Needs Trust	$ 134,426.68
b.	Attorney's Fees (Nicholas, Perot, Strauss & Koehler)	$ 60,000.00
c.	Liens (various providers listed above)	$ 4,632.50
d.	Expenses (Nicholas, Perot, Strauss & Koehler)	$ 940.82
	TOTAL	$ 200,000.00

21. The Petitioners desire to compromise and settle these claims for the above figures because under all circumstances these settlements are fair and reasonable and it is unlikely that a better result could be obtained after Arbitration.

WHEREFORE, Petitioners move this Honorable Court to approve the foregoing Settlement of Minor's Claim and to direct the payment of counsel fees and expenses as stated herein.

Respectfully submitted,

NICHOLAS, PEROT, STRAUSS & KOEHLER, P.C.

BY _____

Michael J. Koehler, Esquire
PA I.D. # 56195
2527 West 26th Street
Erie, PA 16506
(814) 833-8851
Attorneys for Petitioners

Date: 6/22/01

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

KENNETH J. LONG and KATHIE M. LONG, his wife, as parents and natural guardians of ALISON M. LONG, a minor, and in their own right, Plaintiffs	:	CIVIL ACTION - LAW No. 2000-1487-CD
v.	:	
ANDREW E. VISNOFSKY, a minor, and VICTORIA L. VISNOFSKY and JOHN E. VISNOFSKY, Defendants	:	

ORDER

AND NOW, to-wit this ____ day of _____, 2001, it is hereby ORDERED, ADJUDGED and DECREED as follows:

1. The parties may compromise these claims upon the terms of the proposed compromise set forth in the Petition filed by Kenneth J. Long and Kathie M. Long.

2. Kenneth J. Long and Kathie M. Long, parents and natural guardians of Alison M. Long, a minor, are authorized to pay the following counsel fees and expenses from the amount said minor is entitled to receive in this action: $_____ to Nicholas, Perot, Strauss & Koehler for counsel fees; $_____ to Nicholas, Perot, Strauss & Koehler for expenses; $_____ to Nicholas, Perot, Strauss & Koehler for liens.

3. The sum of $_____ is to be deposited in the Alison M. Long Irrevocable Special Needs Trust at Clearfield Bank and Trust Company. Counsel for Petitioners will provide proof of deposit within thirty (30) days.

BY THE COURT:

_____
J.

cc: Michael J. Koehler, Esquire
Barry Warner, Erie Insurance

CONEMAUGH
Memorial Medical Center

Long, Alison

A6 600 1

NAME: TRAUMA, LIME
MR#: 352783 **ACCOUNT#:** 9215516 **ROOM#:** ER
SSN#:
PHYSICIAN: S. LEE MILLER, M.D

DATE: 07/09/2000

HISTORY OF PRESENT ILLNESS: This is a 12 to 14 year female who apparently was the rear-seat passenger in a single vehicle accident. It is unknown whether she was restrained or not. At the accident, she was found pinned by the brother laying on top of her. She was unresponsive. She was extricated, orally intubated. With intubation, she was noted to flinch, but not other movement has been noted. She was transported as a trauma code on a Long backboard, Philly collar, HID, IV. Throughout transport, there was no recorded episodes of hypotensive or desaturation.

PAST MEDICAL HISTORY: Unknown.

PAST SURGICAL HISTORY: Unknown.

ALLERGIES: Unknown.

MEDICATIONS: Unknown.

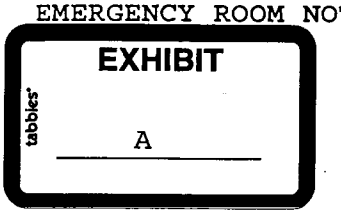
Apparently the family was at the scene. We believe they are currently en route this facility.

PHYSICAL EXAMINATION: INITIAL VITAL SIGNS: Blood pressure 142/82, temperature 94.5, pulse 122, respirations 16 by Ambu bag ventilation, saturation 99% and 100% oxygenation. GENERAL: Reveals a normal sized young teenage female on a Long backboard, Philly collar, HID, IV who was unresponsive. She has caked blood on both upper extremities, but no significant lacerations or abrasions have been noted. HEENT: Pupils are 2 mm round and unresponsive to light. TMs are clear. Facial bones are grossly symmetrical to palpation. She was orally intubated and oral gastric tube is now in place. NECK: No gross abnormalities appreciated. CHEST: Bilateral breath sounds are present with Ambu bag ventilation. No gross external signs of anterior chest wall trauma. Heart tones are normal. ABDOMEN: Flat, soft. No gross evidence of external trauma. PELVIS: No AP lateral compression. RECTAL: Decreased tone, guaiac negative stool. Visual examination of the right introitus reveals no tampon sting. EXTREMITIES: Upper extremities have

NAME: TRAUMA, LIME
MR#: **ACCOUNT#:** **ROOM#:** ER
SSN#:
PHYSICIAN: S. LEE MILLER, M.D

EMERGENCY ROOM NOTES

Original



caked on blood. No significant injuries noted. The lower extremities have multiple bruising on the right thigh. There does not appear to be any fractures present. Lower extremities otherwise grossly intact. BACK: Abrasion over the right scapular area, otherwise grossly intact. Glasgow Coma Scale is three feet. She received Norcuron at this facility during intubation and then has not received any since this. During the CAT scan, she was noted to flex both upper extremities and had upper going Babinskis bilaterally. In the lower extremities, she would not follow any commands. She would not localize the pain. Glasgow Coma Scale at 5. Peripheral pulses were all present.

LABORATORY DATA: Blood alcohol pending. ABGs pending. Sodium 140, potassium 2.8, chloride 109, C02 24, BUN 9, creatinine 0.7, glucose 211. Arterial blood gases pH 7.39, pC02 36, p02 168, 02 sat 99.5. _____ 2.9, bicarb 21. White blood cell count 18.5, hemoglobin 11.4, hematocrit 34, platelet count is 359. PT 12.3, PT-T 27. Urinalysis is pending.

RADIOGRAPH EVALUATION:

1. C-spine C1 through T1 showed no fractures, subluxation or soft tissue swelling appreciated.
2. AP showed no gross fractures appreciated.
3. _____ showed no fractures appreciated.
4. Chest x-ray, the endotracheal tube is slightly high. It will be advanced 2 cm. The mediastinum appeared to be normal. No obvious rib, clavicle or scapulars fractures appreciated. No obvious pulmonary infiltrates, contusions or pneumothoraces appreciated.
5. Pelvic film no fractures appreciated.
6. T-spine no fracture appreciated.
7. L-spine question of a L2 compression fracture.
8. CT scan of the head in my review there is a small right frontal parietal subdural hematoma, the widest thickness approximately 3 mm. Minimal midline shift. There appears to be a small right parietal contusion in the left occipital horn intraventricular hemorrhage.
9. CT scan of the abdomen/pelvis I do not appreciate any gross evidence of traumatic injuries.
10. CT scan L1 through L3 there appears to be a right superior endplate L2 fracture.

ASSESSMENT/PLAN: The patient is currently in the Intensive Care Unit Room 600. She is going to have to be rewarmed with the bear hugger since her arrival at this facility. Central venous access is being obtained at this time. A central MA Swan Ganz catheter will placed. An arterial line will be placed for ongoing hemodynamic monitoring and facilitate the blood draw laboratory work. Ongoing search for occult injuries will continue. At this time, her family has not arrived. I

believe they are aware of the accident and are en route to this facility.

At this time, I spent approximately 1 hour and 20 minutes in critical care time at the patient's bedside and interpreted nine plane radiographs and shortly she will have the placement of the central line and arterial line.

S. LEE MILLER, M.D

Pending Electronic Signature

SLM/pc
D: 07/09/2000 2:53 P
T: 07/09/2000 8:22 P
075144
cc:

NAME: TRAUMA, LIME
MR#: **ACCOUNT#:** **ROOM#:** ER
SSN#:
PHYSICIAN: S. LEE MILLER, M.D

EMERGENCY ROOM NOTES

Original

CONEMAUGH
Memorial Medical Center

NAME: LIME, TRAUMA
MR#: **ACCOUNT#:** **ROOM#:** ER
SSN#:
PHYSICIAN: GEORGE BAYER, M.D.

DATE: 07/09/2000

HISTORY OF PRESENT ILLNESS: This is a 14 or 15-year-old female who was an unrestrained rear seat passenger in a car that hit a pole. Found unresponsive. Possible tib/fib fracture. Blood pressure _____. No hypotension or sedation. She is not paralyzed. Not moving any extremities that we know about. IVs are in.

The trauma team will treat as a trauma code.

FINAL DIAGNOSIS: Severe head injury.

_____
GEORGE BAYER, M.D.

Pending Electronic Signature

GB/pc
D: 07/09/2000 1:33 P
T: 07/09/2000 5:26 P
075124
cc:

NAME: LIME, TRAUMA
MR#: **ACCOUNT#:** **ROOM#:** ER
SSN#:
PHYSICIAN: GEORGE BAYER, M.D.

EMERGENCY ROOM NOTES

Original

CONEMAUGH
Memorial Medical Center

CONSULTATION TO: KARL GREENE, M.D. PhD
REQUESTED BY: S. LEE MILLER, M.D **DATE:** 07/09/2000

NEUROTRAUMA CONSULTATION

REASON FOR CONSULTATION: Evaluate for traumatic brain injury, status post motor vehicle accident.

HISTORY OF PRESENT ILLNESS: This 13-year-old left handed girl was apparently a passenger in a vehicle involved in a motor vehicle accident today. Whether or not she was restrained is unclear, and at the scene she apparently underwent intubation following stabilization by emergency medical crews. She was noted to have minimal movements upon intubation, and she was brought to Memorial Medical Center presumably as a trauma code. CT scanning of the head was obtained following full resuscitation by the trauma team and a right sided subdural hematoma with minimal mass effect was noted as well as intraventricular blood in the left lateral ventricle. Neurosurgical consultation was requested.

PAST MEDICAL HISTORY: The patient's parents state that the patient has no significant medical illnesses.

PAST SURGICAL HISTORY: The patient has undergone no significant surgical procedures per the parents.

MEDICATIONS: Takes no medications on a routine basis.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: The patient lives with her parents in Madera, Pennsylvania.

PHYSICAL EXAMINATION: GENERAL: This is a well-developed, well-nourished 13-year-old female who is intubated. A Philadelphia collar is in place. There is spontaneous posturing with any touching or manipulation of the patient's extremities or head.

NAME: LONG, ALISON
MR#: 35-27-83 **ACCOUNT#:** 00009215516 **ROOM#:** A6 06001
SSN:
PHYSICIAN: S. LEE MILLER, M.D

REPORT OF CONSULTATION

Original

CONEMAUGH
Memorial Medical Center

NEUROLOGICAL EXAMINATION: Glasgow Coma Scale is E1M2VT. The patient seems to be comatose and she has no spontaneous eye opening or eye opening to pain or voice. Pupils are mid position at 2 mm and minimally reactive. Corneal reflexes are present bilaterally as is a gag reflex. No cough reflex can be elicited. Examination of the extremities reveals extensor posturing to noxious stimulus in all four extremities. The great toes are upgoing bilaterally to plantar stimulation, and there is an extensor bias in her bilateral lower extremities. There is diffuse rigidity.

DIAGNOSIC STUDIES: Plain radiographs of the cervical spine revealed no obvious fracture, malalignment, or significant prevertebral soft tissue swelling. Thoracic radiographs reveal no obvious fractures, malalignment. Lumbar radiographs reveal what appears to be a small degree of lumbar L2 superiorly end plate fracture eccentric to right side. This is subtle, and it is present primarily on the anteroposterior views. Non-contrasted CT scan of the lumbar spine is consistent with a superior end plate fracture eccentric to the right side at lumbar L2. There is no significant malalignment or kyphosis either on the CT scan of the lumbar spine or the plain radiographs of the thoracic spine or lumbar spine on the lateral views. Non-contrasted CT scan of the head reveals the presence of a thin, right sided subdural hematoma 2-3 mm in greatest thickness. This holohemispheric and there is diffuse mild to moderate effacement of the cortical sulci in the bilateral cerebral hemispheres. There is intraventricular blood in the occipital horn of the left lateral ventricle and the ventricles appear normal in size and configuration. The basal cisterns are minimally to mildly effaced, and no obvious parenchymal contusions are appreciated. There are no fractures of the skull appreciable.

IMPRESSION:

1. Status post motor vehicle accident with severe traumatic brain injury. The patient's examination is consistent with either elevated intercranial pressure or diffuse axonal injury. A thin right sided holohemispheric subdural hematoma is present with no significant mass effect. This does not appear to be a surgical lesion on the right side. Intraventricular blood is present in the occipital horn of the left lateral ventricle. There is no appreciable hydrocephalus at this time.

NAME: LONG, ALISON
MR#: 35-27-83 **ACCOUNT#:** 00009215516 **ROOM#:** A6 06001
SSN:
PHYSICIAN: S. LEE MILLER, M.D

REPORT OF CONSULTATION

Original

2. Lumbar L2 superior end plate fracture eccentric to the right side. This does not appear to be an unstable fracture.
3. Cervical spine appears to be radiographically intact.

RECOMMENDATIONS:

1. Urgent ventriculostomy placement for intercranial pressure monitoring. The indications for this have been discussed with the patient's parents at the bedside. The procedure itself was also explained in layman's terms and in detail, as were the risks, benefits, and alternatives to intercranial pressure monitoring. The risks include but are not limited to death, paralysis, infection, intraparenchymal hematoma, intraventricular hemorrhage, further brain injury without or without neurological deficit and/or disability and excessive hemorrhage among other. They appeared to the risks, the benefits, alternatives to intercranial pressure monitoring, the procedure itself, and they wished to proceed.
2. TLSO brace for lumbar L2 fracture.
3. Brain MRI scan and cervical MRI scan tomorrow. Brain MRI scan should be helpful in terms of visualizing any possible diffuse axonal injury. Cervical MRI can be used in terms of clearance of the patient's cervical spine.

I appreciate you involving me in Alison's care.

KARL GREENE, M.D. PhD

KG/mak
D: 07/09/2000 5:38 P
T: 07/10/2000 3:46 A
075175
cc: KARL GREENE, M.D. PhD
S. LEE MILLER, M.D

NAME: LONG, ALISON
MR#: 35-27-83 **ACCOUNT#:** 00009215516 **ROOM#:** A6 06001
SSN:
PHYSICIAN: S. LEE MILLER, M.D

REPORT OF CONSULTATION

Original

CONEMAUGH
MEMORIAL MEDICAL CENTER

NAME: LONG, ALISON
MR#: 35-27-83 **ACCOUNT#:** 00009215516 **ROOM#:** A6 06001
SSN#:
DATE: 07/09/2000 **SURGEON:** KARL GREENE, M.D. PhD

PREOPERATIVE DIAGNOSIS: Traumatic brain injury.

POSTOPERATIVE DIAGNOSIS: Traumatic brain injury.

OPERATION: Right frontal ventriculostomy placement.

ANESTHESIA: Local with 1% Lidocaine without epinephrine.

FINDINGS: Wine-colored CSF upon cannulation of the right lateral ventricle; opening intercranial pressure approximately 30 cm of water.

SPECIMENS: CSF for routine studies.

ESTIMATED BLOOD LOSS: Less than 10 cc.

INDICATIONS: This 13-year-old left handed girl was involved in a motor vehicle accident. She was apparently the passenger in the vehicle, and she required intubation at the scene. She was transferred to Memorial Medical Center where she underwent CT scanning which showed evidence of a very thin, right holohemispheric subdural hematoma with intraventricular blood in left lateral ventricle, particularly in the left occipital horn of the left lateral ventricle. She was posturing upon evaluation by me, and ventriculostomy placement was indicated for intercranial pressure monitoring. The procedure, its associated risks, its benefits, and alternatives to placement of an intercranial pressure monitor were discussed with the patient's parents in layman's terms and in detail. They appeared to understand these issues, and the wished to proceed. Written consent was obtained at the bedside.

TECHNIQUE IN DETAIL: The right frontal region was shaved, prepped, and draped in routine sterile fashion. 1% Lidocaine with epinephrine was infiltrated into the scalp and galea and the right frontal region over

NAME: LONG, ALISON
MR#: 35-27-83 **ACCOUNT#:** 00009215516 **ROOM#:** A6 06001
SSN#:
PHYSICIAN: S. LEE MILLER, M.D

OPERATIVE REPORT

Original

Kocher's point, and stab wound incision was placed at Kocher's point in the right side. A self retaining retractor was placed in the wound, and a 3/16th inch standard twist drill bur hole was placed in the right frontal region at Kocher's point. The dura was opened sharply, and a ventriculostomy catheter was inserted into the right lateral ventricle. There was the immediate return of wine-colored CSF which appeared to have a column of pressure of approximately 30 cm of water. A portion of this CSF was sent for routine studies. The catheter was tunneled beneath the galea and exited through the galea and scalp, and an adaptor/connector was attached to the distal end of the ventriculostomy tube.

The self retaining retractor was removed from the field, and the stab wound incision was closed using running 4-0 monofilamentous nylon suture. The ventricular catheter was secured to the scalp using 3-0 silk suture, and the entire system was connected to a Becker drainage system. The site was then cleaned and dressed, and monitored intercranial pressure appeared to be between 46 and 50 mm of Mercury. The patient appeared to tolerate the procedure well.

KARL GREENE, M.D. PhD

KG/mak
D: 07/09/2000 5:28 P
T: 07/10/2000 2:17 A
075174
cc: KARL GREENE, M.D. PhD
S. LEE MILLER, M.D

NAME: LONG, ALISON
MR#: 35-27-83 **ACCOUNT#:** 00009215516 **ROOM#:** A6 06001
SSN#:
PHYSICIAN: S. LEE MILLER, M.D

OPERATIVE REPORT

Original

REPORT FINAL

Memorial Medical Center

Pt Name: LONG,ALISON Location: A600-1
Ordering Physician: MILLER,S. LEE
Attending Physician(s): MILLER,S. LEE

Copy to Physician(s):

Exam(s):		
0301 RAD CERVICAL SPINE 3	07/09/2000	D00-42459
0311 RAD AP PELVIS	07/09/2000	D00-42460
0305 RAD THORACIC SPINE 2	07/09/2000	D00-42462

Reason for Exam/Comment: TRAUMA
Diagnosis: RESP FAILURE
Additional Charges: RAD 0945 PORTAB

INDICATION: Trauma.

PELVIS:

A frontal projection of the pelvis reveals the osseous structures of the lower lumbar spine, pelvis and proximal femora to be normal. There is no evidence of fracture or dislocation. The visualized soft tissues are normal.

IMPRESSION: Normal pelvis.

THREE VIEW CERVICAL SPINE:

The bony alignment and bony architecture are normal for the patient's age. There is no evidence of fracture or dislocation. The disc spaces and posterior elements are unremarkable for the patient's age.

IMPRESSION: Normal frontal and lateral views of the cervical spine.

LIMITED DORSAL SPINE:

Frontal and lateral views were obtained. There is a suggestion of a slight compression of a mid dorsal vertebral body at approximately the T5 level. CT is recommended for further evaluation.

IMPRESSION: Questionable mild compression fracture of the body of T5.

P

Dictating Radiologist: RONALD N. BOYLE, M.D.
RONALD N. BOYLE
PO35020
ELECTRONICALLY SIGNED ON 07/10/2000,09:43

REPORT FINAL

Memorial Medical Center

Pt Name: LONG,ALISON Location: A600-1
Ordering Physician: MILLER,S. LEE
Attending Physician(s): MILLER,S. LEE

Copy to Physician(s):
Exam(s): 1900 CT HEAD 07/09/2000 C00-9184
1934 CT ABDOMEN 07/09/2000 C00-9185
1924 CT PELVIS 07/09/2000 C00-9186
Reason for Exam/Comment: MVA
Diagnosis: RESP FAILURE
Additional Charges: CT OPTIRAY 1 CC CT OPTIRAY 1 CC

INDICATION: MVA.

HEAD CT NO CONTRAST:

Multiple sections were performed from the base of the skull through the apex of the calvarium. Imaging at brain and bone windows was accomplished. There is a small amount of blood in the left lateral ventricle. There is also a small right parietal subdural hematoma with no mass effect.

IMPRESSION: Small amount of ventricular hemorrhage.
Small right parietal subdural hematoma.

CT ABDOMEN:

Sections from the diaphragmatic dome to the iliac crest were performed with intravenous and oral contrast. There is an area of contusion or atelectasis involving the right lower lobe. The intraabdominal contents demonstrate no abnormality. There is no evidence of free fluid.

IMPRESSION: Right lower lobe pulmonary contusion or atelectasis, otherwise, negative CT of the abdomen.

CT PELVIS:

Sections from the iliac crest to the ischial tuberosities were performed with intravenous and oral contrast. All visualized anatomy is normal. There is no evidence of free peritoneal fluid.

IMPRESSION: Normal CT of the pelvis.

Dictating Radiologist: RONALD N. BOYLE, M.D.
Transcribed by: cr /07/10/2000 09:21

C00-9184 LONG,ALISON (continued) CHEADU
C00-9185 CABDE
C00-9186 CPLVU
RONALD N. BOYLE
PO35020
ELECTRONICALLY SIGNED ON 07/10/2000,09:42

Pt Name: LONG,ALISON
MRN: 352783
Acct #: 9215516
Mem Rad #: 280833 GSM Rad #: 0
Copy to Physician(s):

DOB: 09/19/1986
Location: Emergency Room
Attending Physician(s):
MILLER,S. LEE

REPORT FINAL

Memorial Medical Center

Pt Name: LONG,ALISON Location: A600-1
Ordering Physician: MILLER,S. LEE
Attending Physician(s): MILLER,S. LEE

Copy to Physician(s):
Exam(s): 1921 CT LUMBAR SPINE 07/09/2000 C00-9187
1946 CT RECONSTRUCTION 07/09/2000 C00-9188
Reason for Exam/Comment: MVA
Diagnosis: RESP FAILURE
Additional Charges:

INDICATION: MVA.

CT LUMBAR SPINE WITH RECONSTRUCTION:

Sections from T12 through L4 were obtained with sagittal reconstruction. There is a mild compression fracture of the body of L2. The posterior elements are intact. The alignment is normal.

IMPRESSION: Mild compression fracture of the body of L2.

P

Dictating Radiologist: RONALD N. BOYLE, M.D.
RONALD N. BOYLE
PO35020
ELECTRONICALLY SIGNED ON 07/10/2000,09:42
Transcribed by: cr /07/10/2000 09:25

Pt Name: LONG,ALISON
MRN: 352783
Acct #: 9215516
Mem Rad #: 280833 GSM Rad #: 0
Copy to Physician(s):

DOB: 09/19/1986
Location: Emergency Room
Attending Physician(s):
MILLER,S. LEE

REPORT FINAL

Memorial Medical Center

Pt Name: LONG,ALISON Location: A600-1
Ordering Physician: MILLER,S. LEE
Attending Physician(s): MILLER,S. LEE

Copy to Physician(s):
Exam(s): 0306 RAD LUMBAR SPINE 2 V 07/09/2000 D00-42463
Reason for Exam/Comment: TRAUMA
Diagnosis: S/P MVA R/O C SPINE INJ CLOSED HEAD IN
Additional Charges:

INDICATION: TRAUMA

PORTABLE LUMBAR SPINE ON 7/9/00 AT 1350 HOURS:
AP and lateral views of the lumbar spine were obtained. There is an acute mild compression fracture of L2 with depression along the superior cortical end plate. No other acute compression fractures are seen. The posterior vertebral line is well maintained with no evidence of retrolisthesis. The intervertebral disc spaces are within normal limits.

IMPRESSION: Acute mild compression fracture of L2.

Dictating Radiologist: NIRMAL MITAL, M.D.

HAROLD L. RINGLER JR., M.D.
PO35021
ELECTRONICALLY SIGNED ON 07/10/2000,16:14
Transcribed by: bet/07/10/2000 14:59

Pt Name: LONG,ALISON
MRN: 352783
Acct #: 9215516
Mem Rad #: 280833 GSM Rad #: 0
Copy to Physician(s):

DOB: 09/19/1986
Location: Emergency Room
Attending Physician(s):
MILLER,S. LEE

REPOF FINAL

Memorial Medical Center

Pt Name: LONG,ALISON Location: A600-1
Ordering Physician: MILLER,S. LEE
Attending Physician(s): MILLER,S. LEE

Copy to Physician(s):
Exam(s): 1506 MRI BRAIN 07/10/2000 M00-806
Reason for Exam/Comment: MVA;HEAD INJURY;SPINE FX
Diagnosis: S/P MVA R/O C SPINE INJ CLOSED HEAD IN
Additional Charges:

EQUIPMENT: 0.5 tesla General Electric Signa MRI scanner

INDICATION: Head trauma. Intracranial hemorrhage. Ventriculostomy catheter placement.

MRI OF THE BRAIN: Sagittal and axial T1 weighted, axial fast spin echo T2 weighted, axial gradient echo and axial FLAIR. No prior studies of the brain are currently available for comparison.

There is a small right temporoparietal subdural hematoma. This does not have significant mass effect.

Multiple shearing injuries are present, within the white matter tracts bilaterally and in the basal ganglia, and posterior pons. There are also multiple bifrontal hemorrhagic shearing injuries and many of these show evidence of hemorrhage.

There is no midline shift. The basilar cisterns are intact. The ventricular system is within normal limits of size. There is a right frontal ventricular catheter.

Normal flow voids are present in the large arteries at the base of the brain.

There is fluid in the paranasal sinuses and mastoid air cells bilaterally, which may be due to intubation. The possibility of skull base fracture should also be considered and would be best evaluated with thin section CT scanning throughout the skull base.

There is also contusion of the right mesial temporal lobe. A very small amount of extra-axial blood is seen in the posterior fossa just to the left of midline on images 4 and 5. This is adjacent to the posterior parasagittal left cerebellar hemisphere. Intraventricular blood is seen in both occipital horns of the lateral ventricles, and the atria of the left lateral ventricle.

There is also hemorrhagic shearing injury involving the left side of

M00-806 LONG,ALISON (continued) MBRU

the splenium of the corpus callosum, best seen on axial images 12 and 13.

IMPRESSION: There are multiple post-traumatic brain abnormalities as described in detail above.

P

Dictating Radiologist: HOWARD I. FORMAN, M.D.
Transcribed by: bk /07/10/2000 11:13

HOWARD I. FORMAN, M.D.
PO35031
ELECTRONICALLY SIGNED ON 07/10/2000,14:25

REPOP FINAL

Memorial Medical Center

Pt Name: LONG,ALISON Location: A600-1
Ordering Physician: MILLER,S. LEE
Attending Physician(s): MILLER,S. LEE

Copy to Physician(s):
Exam(s): 1557 MRI LUMBAR SPINE LIM 07/10/2000 M00-807
Reason for Exam/Comment: MVA;HEAD INJURY;SPINE FX
Diagnosis: S/P MVA R/O C SPINE INJ CLOSED HEAD IN
Additional Charges:

EQUIPMENT: 0.5 tesla General Electric Signa MRI scanner

INDICATION: Head trauma. Intracranial hemorrhage. Ventriculostomy catheter placement.

MRI OF THE LUMBAR SPINE (SCREENING): Sagittal T1 weighted, sagittal STIR and sagittal fast spin echo T2 weighted. The exam was designed as a screening examination after trauma from a motor vehicle accident.

There is abnormal marrow signal within L1, L2 and L3, which is increased on the STIR and T2 weighted sequences. There is also a superior endplate fracture at the L2 level, which is best seen on image 7 of sagittal series 3 and series 10. There is discontinuity of the superior endplate. No significant loss of stature is seen although there is probably 10 to 20% loss of stature at the L2. There is no retropulsion of bone. The lumbar disc spaces maintain adequate stature. L4 and L5 are normal in signal intensity. The conus medullaris appears normal.

IMPRESSION: There is an L2, acute superior endplate fracture with 10 to 20% loss of the vertebral body height. Marrow contusions are present in the L1 and L3 vertebral bodies. No mal-alignment or central canal compromise is identified.

P

Dictating Radiologist: HOWARD I. FORMAN, M.D.
Transcribed by: bk /07/10/2000 11:21

HOWARD I. FORMAN, M.D.
PO35031
ELECTRONICALLY SIGNED ON 07/10/2000,14:25

Pt Name: LONG,ALISON
MRN: 352783
Acct #: 9215516
Mem Rad #: 280833 GSM Rad #: 0
Copy to Physician(s):

DOB: 09/19/1986
Location: A600-1 (ASHMAN 6
Attending Physician(s):
MILLER,S. LEE

REPOR FINAL

Memorial Medical Center

Pt Name: LONG,ALISON Location: A600-1
Ordering Physician: MILLER,S. LEE
Attending Physician(s): MILLER,S. LEE

Copy to Physician(s):
Exam(s): 1555 MRI CERVICAL SPINE L 07/10/2000 M00-808
Reason for Exam/Comment: MVA;HEAD INJURY;SPINE FX
Diagnosis: S/P MVA R/O C SPINE INJ CLOSED HEAD IN
Additional Charges:

EQUIPMENT: 0.5 tesla General Electric Signa MRI scanner

INDICATION: Head trauma. Intracranial hemorrhage. Ventriculostomy catheter placement.

MRI OF THE CERVICAL SPINE (SCREENING): Sagittal T1 weighted and STIR sequences were performed. The exam was designed as a screening study after trauma from a motor vehicle accident. Sagittal T1 weighted and STIR sequences were performed and there is no compression fracture or mal-alignment in the cervical spine. The cervical vertebral bodies and disc spaces are normal in signal intensity and stature. There is mild posterior muscular edema extending from C3 into the upper thoracic region. No focal interspinous edema is identified. There is no prevertebral edema or cord compression.

IMPRESSION: Posterior cervical muscular edema is present. No mal-alignment, compression fracture or focal interspinous edema is identified.

P

Dictating Radiologist: HOWARD I. FORMAN, M.D.

HOWARD I. FORMAN, M.D.
PO35031
ELECTRONICALLY SIGNED ON 07/10/2000,14:25
Transcribed by: bk /07/10/2000 11:29

Pt Name: LONG,ALISON
MRN: 352783
Acct #: 9215516
Mem Rad #: 280833 GSM Rad #: 0
Copy to Physician(s):

DOB: 09/19/1986
Location: A600-1 (ASHMAN 6
Attending Physician(s):
MILLER,S. LEE

REPOP **FINAL**

Memorial Medical Center

Pt Name: LONG,ALISON Location: A600-1
Ordering Physician: MILLER,S. LEE
Attending Physician(s): MILLER,S. LEE

Copy to Physician(s):
Exam(s): 1556 MRI THORACIC SPINE L 07/10/2000 M00-809
Reason for Exam/Comment: SPINE FX;MVA
Diagnosis: S/P MVA R/O C SPINE INJ CLOSED HEAD IN
Additional Charges:

EQUIPMENT: 0.5 tesla General Electric Signa MRI scanner

INDICATION: Head trauma. Intracranial hemorrhage. Ventriculostomy catheter placement.

MRI OF THE THORACIC SPINE (SCREENING): Sagittal T1 weighted and sagittal STIR imaging sequences were performed. This study was designed as a screening evaluation after trauma from a motor vehicle accident.

There is abnormal increased marrow signal intensity within T3, T5 and T6 on the STIR sequence. This is subtly decreased in signal intensity on the T1 weighted images. There is minimal loss of stature at the T5 and T6 level, without retropulsion of bone. No cord compression is seen.

The remaining thoracic vertebral bodies maintain adequate stature. No mal-alignment is seen.

IMPRESSION: There are mild T5 and T6 superior endplate compression fractures and mild marrow edema within T3. No retropulsion of bone or thoracic cord compression is seen. There is no mal-alignment.

P

Dictating Radiologist: HOWARD I. FORMAN, M.D.
Transcribed by: bk /07/10/2000 11:26

HOWARD I. FORMAN, M.D.
PO35031
ELECTRONICALLY SIGNED ON 07/10/2000,14:25

Pt Name: LONG,ALISON DOB: 09/19/1986
MRN: 352783 Location: A600-1 (ASHMAN 6
Acct #: 9215516 Attending Physician(s):
Mem Rad #: 280833 GSM Rad #: 0 MILLER,S. LEE
Copy to Physician(s):

CONEMAUGH
MEMORIAL MEDICAL CENTER

NAME: LONG, ALISON M
MR#: 35-27-83 **ACCOUNT#:** 00009215516 **ROOM#:** A6 06001
SSN#: 187-70-5138
DATE: 07/14/2000 **SURGEON:** S. LEE MILLER, M.D

PREOPERATIVE DIAGNOSIS: Status post motor vehicle crash with traumatic brain injury and need for prolonged mechanical ventilation.

POSTOPERATIVE DIAGNOSIS: Status post motor vehicle crash with traumatic brain injury and need for prolonged mechanical ventilation.

OPERATION: Bronchoscopy and percutaneous tracheostomy using a #6 Shiley cuffed tracheostomy tube.

ASSISTANT SURGEON: B. Bartgis, M.D. Resident

ANESTHESIA: Norcuron 5 mg IV, Morphine 5 mg IV, Versed 1 mg IV, and 1.5% Lidocaine with Epinephrine local, totaling 7 ml.

Blood loss - less than 10 ml. Fluids given: ongoing.

COMPLICATIONS: none.

PROCEDURE: This 12 year-old female was supine in her intensive care unit bed and with the neck slightly hyper extended. The anterior neck was prepped and draped in the usual sterile fashion.

After administration of the above medication, IV, then the suprasternal area was anesthetized with 1.5% Lidocaine with Epinephrine.

A transverse incision was made approximately 2 finger breaths above the sternal notch and dissection carried down to the strap muscles using a curved hemostat. The strap muscles were divided in the midline and blunt dissection to the pretracheal fascia was performed.

Bronchoscopy revealed moderate amounts of whitish thick secretions. At this point, the pediatric bronchoscope was withdrawn to a level just

NAME: LONG, ALISON M
MR#: 35-27-83 **ACCOUNT#:** 00009215516 **ROOM#:** A6 06001
SSN#: 187-70-5138
PHYSICIAN: S. LEE MILLER, M.D

OPERATIVE REPORT

Original

cephalad to the wound and the trachea was cannulated with a large bore angiocatheter under direct visualization.

The needle was removed and guide wire was passed through the angiocatheter and passed caudad into the trachea.

The Angiocath was removed and the tracheotomy was sequentially dilated up to a size 32 French without difficulty. The size 6 Shiley tube was then fitted with a #21 French dilator and the tracheostomy tube was inserted over the guide wire.

The dilator and guide wire were removed, and the inner cannula was immediately inserted and the patient connected to the ventilator. Oxygen saturation remained at 99% or better throughout the procedure.

The bronchoscope was passed down the tracheostomy tube and confirmed placement and the tracheostomy tube was secured with #3-0 nylon, as well as a Velcro trach tie. Hemostasis was adequate.

The patient tolerated the procedure well and remained in stable condition in the intensive care unit bed.

Post procedure chest x-ray is pending.

BRENT BARTGIS, D.O.

S. LEE MILLER, M.D
Electronically Signed
S. LEE MILLER, M.D 07/18/2000
08:45

BB/js
D: 07/14/2000 12:39 PT: 07/14/2000 12:58 P
076617
cc: BRENT BARTGIS, D.O.

NAME: LONG, ALISON M
MR#: 35-27-83 **ACCOUNT#:** 00009215516 **ROOM#:** A6 06001
SSN#: 187-70-5138
PHYSICIAN: S. LEE MILLER, M.D

OPERATIVE REPORT

Original

CONEMAUGH
MEMORIAL MEDICAL CENTER

S. LEE MILLER, M.D

NAME: LONG, ALISON M
MR#: 35-27-83 **ACCOUNT#:** 00009215516 **ROOM#:** A6 06001
SSN#: 187-70-5138
PHYSICIAN: S. LEE MILLER, M.D

OPERATIVE REPORT

Original

CONEMAUGH
Memorial Medical Center

1-28-00 DC

NAME: LONG, ALISON M
MR#: 35-27-83 **ACCOUNT#:** 00009215516 **ROOM#:**
PHYSICIAN: S. LEE MILLER, M.D

ADMISSION DATE: 07/09/2000

DISCHARGE DATE: 07/28/2000

ADMISSION DIAGNOSES: Status post MVA, rule out C-spine injury, right subdural hematoma, left occipital horn intraventricular hemorrhage, right parietal contusion, rule out L2 fracture.

DISCHARGE DIAGNOSES: Right frontoparietal subdural hematoma, left occipital horn intraventricular hemorrhage, right parietal diffuse axonal injury, mid brain and brain stem shear injury. Corpus callosum shear injury, right basal ganglia shear injury, bifrontal hemorrhagic shear injury, T3, 5 and 6 compression fractures, L1, 2 and 3 compression fractures, moderate hypothermia.

PAST MEDICAL HISTORY: None.

BRIEF HISTORY: This 12 year-old female was a restrained passenger in a motor vehicle accident in a car that was hit on her side. The car struck a tree and sustained intrusion on her side of the vehicle. Her brother was dead at the scene. The automobile was found on top of this patient. She was intubated at the scene. She initially flinched when she was stuck for a intravenous peripheral access and she was given sedation and paralysis for intubation at the scene. Arrived as a trauma code. Underwent work up in the emergency room including CT scan of the head that revealed the above noted injuries, CT of the abdomen and pelvis were both within normal limits. CT of L1 to L3 confirmed a compression fractures, previously noted. She underwent left subclavian PA catheter placement in the emergency room and she was admitted to the ICU for ventilatory support, IV fluids and intensive care monitoring. Dr. Greene was consulted to see this patient for her severe traumatic brain injury.

CONSULTS: Consults included Karl Greene, Dr. Masiello, Dr. Rundorff, Dr. Pote, Dr. Delrosario and psyche liaison.

NAME: LONG, ALISON M
MR#: 35-27-83 **ACCOUNT#:** 00009215516 **ROOM#:**
PHYSICIAN: S. LEE MILLER, M.D

DISCHARGE SUMMARY

Original

PROCEDURES: Included the procedures aforementioned in the resuscitative phase. She underwent insertion of an A-line on 7/9. She underwent Swan Ganz insertion and ventriculostomy also on 7/9. She underwent an MRI of the head and C-spine and T-spine on 7/10. She underwent a Cordis change to a triple lumen catheter on 7/13. She underwent tracheostomy and PEG tube on 7/14 as well as bronchoscopy and EGD. 7/25 she underwent a tracheostomy change.

COMPLICATIONS: Included strep pneumonia on 7/13/00, UTI on 7/21/00 and staph sepsis on 7/22/00.

HOSPITAL COURSE: The patient remained intubated and paralyzed in the critical care phase for most of the critical care phase. She initially elicited ICPs of 10 to 20 and CPTs of 69 on 7/10. This was controlled with paralytics and open ventriculostomy drainage and also cooling blanket for febrile episodes. Chest x-ray on 7/11 showed some right upper lobe atelectasis. She was receiving aggressive pulmonary toilet measures. On 7/12 ICPs ranged between 13 and 27 and CPTs between 59 and 69. Ventilator support was continued. Plan was for a trach in several days. Critical care management continued including pharmacological paralysis. On 7/13 ICPs and CPTs were stable. Neurologically she was unchanged. On 7/13 strep pneumonia was isolated and was treated and was already being covered by Ancef and Erythromycin was used initially as a prokinetic agent for GI tract. On 7/15 ventriculostomy was discontinued as readings had been stable. Sedatives were weaned. On 7/16 the patient elicited signs of improved neurological status with sedation wean up to 6T. The vent weaning continued and she remained covered with antibiotics for this strep, sputum culture. On 7/17 antibiotics were changed to Zinacef. Central lines were discontinued. Supportive care and ventilator wean attempts continued over the next several days. The patient tolerated increased feed amounts to goal. On 7/21 the white blood cell count elevated and cultures revealed an UTI. Antibiotics were changed to Bactrim and tube feeds were changed to ½ cal HN. Her Foley was discontinued. On 7/22 Cefuroxime was discontinued for resolution of strep pneumonia and the patient became increasingly agitated and at times was biting her tongue. This was managed with increased sedation. On 7/23 the patient was transferred out to MedSurg, trauma stepdown unit. She was pancultured for _____ and those pancultured isolated staph epi in the blood and she was started on IV Vancomycin. On 7/24 neurostatus improved slightly. Eyes were opened intermittently but she was not

DISCHARGE SUMMARY

Original

tracking or command following. Spasticity developed and was addressed with Valium. On 7/25 the patient developed hyponatremia and was treated with free water boluses. Her tracheostomy was changed and patient rehab search was started. On 7/26 maxillofacial saw the patient for increased agitation resulting in tongue biting and at times traumatically occluding her tongue. Maxillofacial physician placed a mouth guard over the teeth to help protect and confine the tongue. On 7/27 the patient's neurostatus was unchanged. Her eyes opened spontaneously. She decerebrated to painful stimuli and she remains trach show she is an 8T. She did develop a 1 cm yellow stage II decubitus on the left occiput with minimal drainage. Was addressed with wet to dry dressings and Linda Gregory was consulted for further recommendations of management. Her cardiovascular and pulmonary exam was stable. She did continue to experience episodes of agitation. Ativan was placed in the feeds in an increased dose and she is now accepted at the children's institute and the plan is for her to be transported there tomorrow for a 9:30 pickup. She will be transferred via ambulance and discharge orders as follow:

1. She will follow-up with Dr. Greene, Masiello, Rundorff, Pote and Delrosario per their office.
2. She will follow-up with the trauma clinic one to two weeks after discharge from rehab.
3. Her diet will continue to be tube feeds with Pediasure at 90 cc an hour.
4. Activity at this point is bedrest and she can mobilize as tolerated.
5. Mediations upon discharge will be Zantac 150 mg per PEG b.i.d., Dantrium 25 mg PEG tube q.d., Tylenol with Codeine elixir two teaspoons PEG p.r.n., Ativan 3 mg via PEG mix in feeds, so 3 mg every 24 hours, Mycostatin powder three times a day topically to buttocks p.r.n., Bacitracin to occipital decubitus b.i.d. topically, Trauma Bowel Mondays, Wednesdays and Fridays, Trauma Eye, Ventolin four inhalations via trach q.4 hours. Ventolin or Albuterol as a meter dose inhaler, plus CPT q.4 hours.

The patient will be placed on a first step mattress.

JENNIFER BALON, CRNP

S. LEE MILLER, M.D

Pending Electronic Signature

JB/lmm
D: 07/27/2000 4:14 P
T: 07/28/2000 3:02 P
080309
cc: S. LEE MILLER, M.D

6301 NORTHUMBERLAND ST
PITTSBURGH, PA 15217
412-420-2400

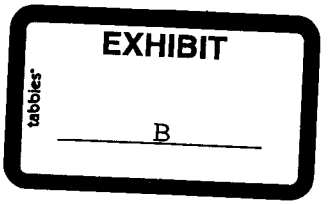
Name: LONG,ALISON M
MR#: 0257-00
DOB: 09/19/1987
Admit Date: 07/28/2000

Acct. Number: 010638
Service: INPATIENT

MEDICAL HISTORY & PHYSICAL

This is the first admission to The Children's Institute for Alison Long, a 12-10/12 year old white female who sustained severe traumatic brain injury, craniocerebral trauma with right subdural hematoma and left occipital contusion and diffuse axonal injury with multiple shearing as a result of a motor vehicle accident on 07/09/00. Alison was unconscious at the scene of the accident. She was given emergency care by the local paramedics and transported by helicopter to Conemaugh Memorial Medical Center where she was admitted to the trauma/neurosurgical service. Her hospital course was complicated by initial high ICP pressures, an EVD was placed and she was monitored in the Intensive Care Unit for approximately 13 days. She also had a strep pneumonitis treated with antibiotics, a Staphylococcus septicemia also treated with antibiotics and a urinary tract infection. She has an occipital decubitus and monilial dermatitis of her perineal buttock area. Alison does have a #4 Shiley trach in place and she has a PEG tube. She has been stable for the past two days and was transferred to The Children's Institute for an ongoing program of care and rehabilitation with the goals to:

1. Monitor her medical status and stability.
2. Increase her overall strength and endurance.
3. Provide appropriate environmental stimulation to improve environment awareness.
4. Provide oral stimulation and promote increased oral intake when safe.
5. Facilitate appropriate communication.
6. Facilitate functional mobility, head control, sitting, standing, transfers and ambulation without device.
7. Provide range of motion to prevent contractures in all extremities.
8. Facilitate fine motor and upper extremity skills and assess visual perceptual skills.
9. Assess cognition/neuropsychological testing/C.A.B.L.E. when appropriate.
10. Assess equipment needs.
11. Parent/caretaker training.
12. Discharge planning with reintegration in the community with appropriate community supports.



Historical data was obtained from interview with Alison's parents, Mr. and Mrs. Kenneth J. Long, and partially extrapolated from records received from Conemaugh Memorial Medical Center which is an incomplete Xeroxed copy of her chart, patient information and transfer instruction form, medication administration records, preadmission inpatient intake form of The Children's Institute. Medical discharge summary was not available, medical discharge summary was requested from the social worker at Conemaugh Memorial Medical Center, Rick DeFrehn, but did not arrive to be available at the time of this dictation.

HISTORY OF PRESENT ILLNESS

Alison Long is the youngest born child in a family of four children. She was described as a healthy, active, normally developing 12-year-old who had just completed the 6th grade at the Moshanno Valley Elementary School. Her parents stated that on her last report card she had made the honor roll and was promoted to the 7th grade. One of her strengths was that she was good in math. They described her as very competitive, tomboy who liked outdoor activities. She was very active physically. She was a soccer player, a good runner and a hard worker. She had a paper route. She loved animals and was very sensitive and compassionate to younger children and children that others made fun of. She also was taking drum lessons and hoped to play the drums in junior high school.

On Sunday 07/09/00 around 11 o'clock in the morning she left the house on her bicycle to go downtown to the local store with several friends. Her parents recalled that she called home to see if she could get more money and this was to spend at the store. This was denied her. Her parents were told by the driver of the car that she and three boyfriends got into a "junker car" that was owned by the driver's mother. Alison sat behind the driver and they drove up to a local junkyard looking for parts to repair their bicycles. When they were coming down the driver lost control of the car and struck a tree. Alison was unconscious at the scene of the accident and the boy sitting in the seat next to her 13-year-old James Blalock died at the scene from a fractured neck and was found by the paramedics on top of Alison who reportedly was unconscious but breathing. Alison was given emergency care by the local paramedics. She was intubated at the scene and then transferred by helicopter to Conemaugh Memorial Medical Center where she was admitted to the trauma/neurosurgical service. According to hospital records she was unrestrained. Her initial Glasgow Coma Scale was recorded as 3 and her initial trauma scale was 7. CAT scan of her head in the emergency room at Conemaugh Memorial Medical Center indicated the presence of a thin right sided subdural hematoma of 2-3 mm in greatest thickness. There was also mild to moderate effacement of the cortical sulci in the bilateral cerebral hemispheres. There was intraventricular blood in the

occipital horn of the left lateral ventricle. The basal cisterns were minimally to mildly effaced. There was no obvious parenchymal contusions and no fractures of the skull. Spine films revealed no obvious fracture of the cervical spine. Thoracic radiographs revealed no obvious fractures or malalignment. Lumbar radiographs revealed a small degree of lumbar L2 superior end plate fracture eccentric to the right side. There was no significant malalignment or kyphosis either on the CAT scan of the lumbar spine or the plane radiographs of the thoracic or lumbar spine. She was taken to the operating room for an urgent ventriculostomy placement for increased intracranial pressure and intracranial pressure monitoring. Postoperatively she was cared for in the Intensive Care Unit for the next 13 days. She was treated with standard protocol for increased intracranial pressure. Her parents stated early that her pressures would go up to 36 or higher when she was stimulated and they were asked not to get her excited in order to help keep her intracranial pressure below the acceptable range of 20. She was monitored closely in the Intensive Care Unit for the next 13 days and remained on paralytics with ventilatory support. Her course was complicated by strep pneumonia. A chest x-ray showed ill defined infiltrate or atelectasis in her right lung and she was treated with antibiotics. Her parents recalled that on 07/15/00 her monitor was discontinued and she was started to be weaned from her paralytics and sedatives. Over the next few days attempts were made to wean her from the ventilator. Although it was not possible to get her off the ventilator initially, she finally was completely weaned from the ventilator by Saturday 07/22/00 and transferred to the 8th floor on supplemental oxygen to her trach site by mask. She has remained on some supplemental oxygen since that time, but has been stable from a respiratory standpoint. Her parents also stated that they were told that she had a urinary tract infection which was treated with antibiotics. Her Foley has been removed. Several days after being moved to the floor she developed a fever and had repeat multiple cultures. One of the cultures grew a Staphylococcus in her blood and she was treated with intravenous antibiotics, specifically Vancomycin. The Vancomycin was discontinued prior to her transfer to The Children's Institute. She has been otherwise stable medically. Neurologically she did open her eyes for a brief period in the Intensive Care Unit on July 14th when the nurse rubbed her back and more recently she has been opening her eyes with movement, but does not show any recognition of her parents. She does not follow commands although her mother stated that she was told that she did try to move her paralyzed left arm when asked several days ago. She has developed some agitation and did traumatize her tongue by biting. She was evaluated prior to transfer by an oral maxillofacial surgeon who did fabricate a mouthguard to be placed over her teeth to protect and confine her tongue, but she tends to spit this

out and it has not been effective. She has been receiving Ativan 1 mg q8h for agitation. According to the transfer summary she is on G-tube feedings with Osmolite 90 cc per hour via PEG tube, bowel and bladder regime, supplemental oxygen to keep her SaO2 saturations above 92%, Zantac 150 mg by tube b.i.d., Dantrium 25 mg by tube daily, Ativan 1 mg by tube q8h p.r.n. for agitation, Tylenol w/Codeine Elixir 10 cc by tube q4h p.r.n. for pain, Bacitracin Ointment to open area of occipital scalp b.i.d., Nystatin Powder to affected areas t.i.d. and Albuterol Metered Dose Inhaler 4 puffs q4h with chest PT. She has a HEP lock site in her left arm which is to be kept clean and dry and not to be flushed with Heparin at any time. She also receives Artificial Tears and Lacri-Lube to her eyes. She is to return to see neurosurgeon, Carl Green, M.D., two weeks after she is discharged from rehab and she is to return to see Lee Miller, M.D. in Trauma Clinic at Conemaugh Memorial Medical Center after she is discharged from rehab.

PAST MEDICAL HISTORY

Pregnancy History:

As noted above Alison is the youngest child born to a gravida IV, para IV mother who was approximately 26 years of age at the time of her birth. Pregnancy was unplanned, but was entirely uncomplicated. Alison was born at term at Mercy Hospital of Altoona. Birth weight was 8 pounds. There were no neonatal complications. She was bottle fed.

DEVELOPMENTAL HISTORY

Her growth and development were all within normal limits. Her mother could not recall her developmental milestones, but claimed that she did everything at the appropriate time. She was toilet trained before age 2. She was not a bed-wetter. Although she spoke early, her speech was unclear and she had immature speech. At age 5 she was evaluated for a speech problem prior to entrance into school and was found to have no significant impediment.

EDUCATIONAL HISTORY

She started kindergarten at age 6 because she had a September birthday. She entered the Moshanno Valley kindergarten and completed the elementary program in June of 2,000 having been promoted from the 6th grade to the middle school 7th grade. Her last report card she was on the honor roll.

GENERAL MEDICAL HEALTH & CARE

Early she was cared for the physicians at the Mainline Medical Center in Cresson, PA and they followed her until she was 10 years old. More recently she has been getting care the Phillipsburg Medical Center, Dr. Kumar. He recently left the center and she was assigned to a new doctor

whom she hasn't seen to date. Her general health is good, but as a small child she had some minor wheezing and eczema which she has outgrown.

DISEASES OF CHILDHOOD
Chicken pox as an infant, none other.

IMMUNIZATIONS
Up-to-date.

PAST HOSPITALIZATIONS
None until the present.

PAST SURGERY
None until the present.

ALLERGIES
None known.

DRUG ALLERGIES
None known.

MEDICATIONS
Zantac 150 mg via PEG tube b.i.d.
Dantrium 25 mg via PEG tube daily.
Ativan 1 mg q8h by tube p.r.n. for agitation.
Tylenol w/Codeine Elixir 10 cc q4h p.r.n.
Bacitracin Ointment to occipital decubitus b.i.d.
Nystatin Powder to affected areas t.i.d.
Albuterol Metered Dose Inhaler 4 puffs to trach q4h with chest PT.
Artificial Tears and Lacri-Lube to eyes.

SEIZURES
None known or recorded.

REVIEW OF SYSTEMS
Vision: She has been wearing glasses to correct myopia since the 4th grade. Her most recent exam was with optometrist, Dr. Goldstein, in Tyrone, PA in May 2,000 and she did receive a new prescription for her lenses.
Hearing: No history of recurrent infections. Her hearing was normal.
Dental Status & Care: As noted above she was seen by an oral maxillofacial surgeon and a mouthguard was made to keep her from biting her tongue, but she has not been able to keep this in. Prior to the accident she did complain of some sensitivity to cold from a tooth and

her mother had made an appointment with a local dentist, however, this was never done because of the accident.
Cardiovascular: Negative.
Respiratory: See above, she did have mild asthma as a child with eczema, wheeze, never was on any maintenance medications and she appeared to outgrow these symptoms.
GI: Her appetite was fair. She liked junk food more than anything else. Her favorite foods were chicken wings and chicken tenders. Her bowels moved normally.
GU: She was treated for a urinary tract infection recently at the hospital, otherwise negative.
Menarche: She does have very beginnings of breast tissue and has some hair under her arms, but she has not menstruated to date.
Skin: Eczema as a child, but otherwise negative.
Neuromuscular: Review of the records from Conemaugh Memorial Medical Center stated that she was left-handed, but her parents could not be absolutely sure. She was a very physically active, normally developing child prior to this accident.

FAMILY HISTORY
Mother: Kathleen Long, 39 years of age, birth date 09/15/60. She is a twin. She is in good health. High school graduate. She was employed as an aide for the Hyde Park Head Start Program. She has taken a leave of absence.
Father: Kenneth J. Long, 41 years of age, birth date 11/25/58. He is in good health. High school graduate. He was a self-employed owner of a heating/air conditioning/refrigeration service that has recently been purchased by the Wendy's Corporation and he is now working for them.
Siblings: Kenneth Jr., 20 years of age, birth date 03/20/80. He is in good health and is married and lives in Phillipsburg, PA. He has a 2-year-old son Dylan.
Jacob, 18 years of age, birth date 06/10/82. He is in good health. He quit school in the 10th grade. He was helping his father in his business, but at the present time is unemployed.
Laura, 16 years of age, birth date 07/09/__. She is in good health and in the 11th grade at Moshanno Valley Hospital.

Maternal Grandmother: 66 years of age, she has hypertension and suffered a CVA four years ago, but is doing fairly well, almost completely recovered.
Maternal Grandfather: 64 years of age, he too has hypertension.

Mother and her twin are middle children in a family of 10 children. There was an infant that died at birth. She also had a brother who died as a result of injuries from a motor vehicle accident at the age of 33

in 1989. One of mother's older brothers also has hypertension and had a heart attack at age 38.

Paternal Grandmother: 72 years of age, she had a cyst removed from the base of her brain 10 years ago and has recovered, but has never been quite the same.
Paternal Grandfather: 69 years of age, in good health.

Father is the middle child. He has an older sister who has congenital scoliosis and many allergies. More recently she has been suffering from depression.

SOCIAL HISTORY
The family lives in a two story house in Madera, PA. There is 1 step to get into the house. There are four bedrooms on the 2nd floor, the bathroom is on the 2nd floor.

PHYSICAL EXAMINATION
Measurements:
Head Circumference: 50-1/2 cm with ponytail.
Height: 5'3"
Weight: 94-1/2 pounds
Vital Signs:
Temperature: 97.8
Respiration: 28 per minute
Pulse: 126 per minute
Blood Pressure: 138/84
General Appearance: Alison Long was brought into the examining on a carrier. She presents as an attractive, pretty 12-1/2 year old white female whose hair is pulled up in a ponytail. She has very little awareness to her environment. Her eyes for the most part are shut. She does not seem to respond to commands. Even with opening her eyelids manually I could not get her to focus or follow. She did not seem to show any differential awareness when her parents talked to her. She impressed the examiner as functioning somewhere around Rancho Los Amigos Level II. She has a pulse oximeter on her right index finger. The HEP lock in her left forearm, appears to be coming out. .It was removed.
Head: 50-1/2 cm, full head of dark blonde hair attractively pulled back in a ponytail. She does have a breakdown over her occipital area which is being treated with Bacitracin Ointment. The front of her hair has been shaved and the area where the EVD monitor was appears to be healed, dried, the sutures appear to have been removed.
Eyes: Her pupils are dilated, but they both react directly to light. She has sort of wandering eye movements. Her eyes for the most part are shut. The eyelids had to be opened manually to check for her pupillary

reaction. She does not focus or follow. Her sclerae and conjunctivae are clear. Fundi was not seen.
Ears: Tympanic membranes were easily visualized and were gray and normal.
Nose: Normal.
Mouth: She has a tonic bite. She tends to protrude her tongue between her upper teeth and lower teeth. There is a mild overbite and you can see from the ridges in her tongue that she is traumatizing the tip of her tongue. Her tongue is coated. She does have a gag, but it is delayed, but it is present.
Neck: Supple.
Thyroid: Not palpable. She has a #4 Shiley trach in place with thick whitish mucous that she easily coughs up.
Lymph Nodes: No palpable cervical, axillary or inguinal nodes.
Chest: Symmetrical.
Lungs: She has coarse rhonchi that are transmitted from her upper airway, but there are no wheezes or fine rales. She seems to be saturating well. Her pulse oximetry is above 90% with supplemental oxygen.
Heart: Regular rhythm, no significant murmurs or thrills.
Breasts: She has small nubbins of breast tissue Tanner Stage II bilaterally, no palpable masses.
Abdomen: She has a PEG tube in her left upper quadrant. The abdomen soft, nontender, no masses, no organomegaly.
Genitalia: Normal external female, pubic hair Tanner Stage III-IV.
Rectal: digital exam not done, but she has erythema of the entire diaper area, buttocks crease, perineum and buttocks suggestive of monilial dermatitis.
Spine: Difficult to evaluate. When she is turned on her back it appears to be straight. She does have some compression fractures on x-ray in the thoracic and lumbar areas.
Extremities: Her left upper extremity is flaccid at her left side. Her right upper extremity moves without purpose and has more tone. She has increased extensor tone in both lower extremities and I was unable to manipulate her ankles to neutral. She has a palpable irregularity of her right forearm that may be a hematoma. There is not real pinpoint tenderness, but this could be callous formation.
Neurological: As noted above she appears to be functioning with little environmental awareness. She impresses the examiner as being at Rancho Los Amigos Level II. Her pupils are reactive. She has wandering eye movements. Her facies are symmetrical.
Sensory System: She reacts to pain by report.
Motor System: Deep tendon reflexes are 2+ in the right biceps and radial, 1-2+ in the left biceps and radial, 2-3+ patellar, 2+ Achilles bilaterally and she has upgoing toes bilaterally.

IMPRESSIONS

1. Traumatic brain injury, severe craniocerebral trauma with right subdural hematoma and left occipital intraventricular hemorrhage with diffuse axonal injury and shear injuries secondary to a motor vehicle accident of 07/09/00 manifested by:
   a. Quadriparesis vs. triparesis. She has paralysis of the left upper extremity and extensor tone in both lower extremities.
   b. Cognitive/memory/personality problems estimated to be Rancho Los Amigos Level II associated with:
2. Occipital decubitus.
3. Compression fractures of the thoracic lumbar spine.
4. Irregularity R forearm. R/O callous formation and fracture.
5. Monilial stomatitis.
6. Monilial dermatitis of the perineal/buttock/diaper area.
7. Tracheostomy #4 Shiley trach in place.
8. PEG tube in left upper quadrant.
9. Remote pneumonia, resolved.
10. Remote urinary tract infection, resolved.
11. Remote Staphylococcus epidermitis sepsis, treated and resolved.

PLAN

1. Admit to the Pediatric Unit.
2. G-tube feedings Os-Cal 90 cc per hour with oral stimulation and safe progressive oral feeding program when appropriate.
3. Vital Signs: Blood pressure, pulse, respiration, temperature t.i.d. and p.r.n. and record.
4. Immunizations: Up-to-date.
5. PPD Intermediate, omit.
6. Weekly weights and record.
7. Laboratory Studies:
   a. CBC & differential.
   b. Urine R&M.
   c. Chem Screen-15.
8. Consultations:
   a. Physiatry evaluation, Dr. Russell or Dr. Smith.
   b. Neurology evaluation, Dr. Crumrine et al.
   c. See attached Rx for rehab services.
9. Pre-Arranged Follow-Ups:
   a. Follow-up with neurosurgeon, Carl Green, M.D., two weeks after discharge from The Children's Institute.
   b. Follow-up with trauma surgeon, Lee Miller, M.D., at Conemaugh Memorial Medical Center post discharge. Family to call for an appointment.
10. Drug Allergies: None known.

11. Other Allergies: None known.
12. Medications:
    a. Zantac 150 mg by tube b.i.d.
    b. Dantrium 25 mg by tube daily.
    c. Ativan 1 mg by tube q8h p.r.n. for agitation.
    d. Tylenol 500 mg by tube q4h p.r.n.
    e. Bacitracin Ointment to occipital decubitus b.i.d.
    f. Albuterol Aerosol to trach 0.83% solution q4h followed by chest PT.
    g. Dulcolax Suppository 1 suppository q.o.d. p.r.n.
13. Trach care, suction after chest PT and p.r.n.
14. Supplemental oxygen to keep SaO2 saturations above 90-92%.
15. SaO2 saturations once each shift and p.r.n.
16. Dilute vinegar rinses to perineal/buttock areas, dry well with each diaper change followed by Lotrimin Cream application.
17. Mouth care with Mycostatin Oral Solution 5 cc swab q.i.d. X1 week and check.
18. Artificial Tears 1 drop in both eyes q2h during waking hours and Lacri-Lube to both eyes h.s.
19. Add 1 ounce of yogurt with live cultures to tube feedings once each shift.
20. PEG tube care.

THE CHILDREN'S INSTITUTE

6301 NORTHUMBERLAND ST
PITTSBURGH, PA 15217
412-420-2400

FINAL REPORT

Name: LONG,ALISON M
MR#: 0257-00
DOB: 09/19/1987
Admit Date: 07/28/2000
Discharge Date: 10/21/2000
Acct. Number: 010638
Service: INPATIENT

MEDICAL DISCHARGE SUMMARY

FINAL DIAGNOSES:

1. Traumatic brain injury, severe craniocerebral trauma with right subdural hematoma and left interventricular hemorrhage with defuse axonal injuries and shear injuries secondary to motor vehicle accident on 07/09/2000.
2. Compression fractures of thoracic lumbar spine, healed.
3. Fracture of right forearm, healed.
4. Heterotopic ossification right lower extremity, improved.
5. Occipital decubitus, healed.
6. Monilial dermatitis of the perineal buttock area, resolved.
7. Tracheostomy, decannulated.
8. PEG tube removed.
9. Pneumonia resolved.
10. Remote urinary tract infection, resolved.
11. Remote Staphylococcus epidermitis sepsis, treated and resolved.
12. Anemia, resolved.

ADMISSION STATUS

This is the first admission to The Children's Institute for Alison Long, a 12-10/12 year old white female who sustained severe traumatic brain injury, craniocerebral trauma with right subdural hematoma and left occipital contusion and defuse axonal injury with multiple shearing as the result of a motor vehicle accident on 07/09/2000. Alison was unconscious at the scene of the accident. She was given emergency care by the local paramedics and transported by helicopter to Conemaugh Memorial Medical Center, where she was admitted to the trauma neurosurgical service. Her hospital course was complicated by initial intercranial pressures. An EVD placed and she was monitored in the ICU for approximately 13 days. She also had strep pneumonitis treated with antibiotics, a Staphylococcus septicemia also treated with antibiotics, and a urinary tract infection. She developed an occipital decubitus and monilial dermatitis of her perineal buttock area. A #4 Shiley trach and PEG were inserted. She became medically stable and was transferred to The Children's Institute for an ongoing program of care and rehabilitation with the goals to:

1. Monitor her medical status and stability.
2. Increase her overall strength and endurance.
3. Provide appropriate environmental stimulation to improve environmental awareness.

4. Provide oral stimulation and promote increased oral intake when safe.
5. Facilitate appropriate communication.
6. Facilitate functional mobility, head control, sitting, standing, transfers and ambulation without device.
7. Provide range of motion to prevent contractures in all extremities.
8. Facilitate fine motor and upper extremity skills and assess visual perceptual skills.
9. Assess cognition/neuropsychological testing/C.A.B.L.E. when appropriate.
10. Assess equipment needs.
11. Parent/caretaker training.
12. Discharge planning with reintegration in the community with appropriate community supports.

PHYSICAL EXAMINATION ON ADMISSION

Measurements:

Head Circumference: 50-1/2 cm with ponytail
Height: 5'3"
Weight: 94 1/2 pounds

Vital Signs:

Temperature: 97.8
Respiration: 28 per minute
Pulse: 126 per minute
1 Appearance: Blood Pressure: 138/84

General Appearance: Alison was brought into the examining room on a carrier. She presented as an attractive, pretty 12 1/2 year white female whose hair was pulled into a ponytail. She showed little awareness to her environment. Her eyes for the most part were shut. She did not respond to commands. Even with manual opening of her eyelids, she would not focus or follow. She did not show any differential awareness when her parents talked to her. She impressed the examiner as functioning around Rancho Los Amigos Level II. She had a pulse oximeter on her right index finger and a HEP lock on her left forearm which was de-lodged and therefore removed.

Head: She had dark blond attractively pulled back in a ponytail. There was breakdown over her occipital areas which was being treated with Bacitracin Ointment. The front of her hair was shaved where the EVD monitor was inserted. The area was healed, dried and sutures were removed.

Eyes: Pupils were dilated and reacted directly to light. She had wandering eye movements. She held her eyes shut. Eyelids were opened manually to check pupillary reaction. She did not focus or follow. Her sclerae and conjunctivae were clear. Fundi was not visualized.

Ears: Tympanic membranes were easily visualized and were gray and

normal.
Nose: Normal.
Mouth: She had a tonic bite. She tended to protrude her tongue between her upper and lower teeth. She had a mild overbite and the ridges from her teeth could be seen on her tongue. She did traumatize the tip of her tongue. The tongue was coated. She had a gag, but it was delayed.
Neck: Supple.
Thyroid: Not palpable; #4 Shiley trach in place with thick whitish mucous.
Lymph Nodes: No adenopathy.
Chest: Symmetrical
Lungs: Course rhonchi transmitted from her upper airway, no wheezes or fine rales. She was saturating well. Her pulse oximetry was above 90% with supplemental oxygen.
Heart: Regular rhythm with no significant murmurs or thrills.
Breast: Small nubbins of breast tissue Tanner Stage II bilaterally, no masses.
Abdomen: PEG tube in left upper quadrant; soft, nontender, no masses or organomegaly.
Genitalia: Normal external female, pubic hair Tanner Stage III-IV.
Rectal: Digital exam not done, but she had erythema of the entire diaper area, buttock crease, perineum, suggestive of monilial dermatitis.
Spine: Difficult to evaluate. It appeared to be straight. History noted compression fractures on x-ray of the thoracic and lumbar areas.
Extremities: Left upper extremity was flaccid at her left side. Right upper extremity moved without purpose and had more tone. She had increased tone in both lower extremities. Her ankles could not be manipulated to neutral. She had a palpable irregularity of her right forearm with what appeared to be callous formation.
Neurological: She appeared to be functioning with little environmental awareness. She impressed the examiner as being Rancho Los Amigos Level II. Pupils reactive, wandering eye movements. Facies were symmetrical.
Sensory System: She reacts to pain.
Motor System: Deep tendon reflexes are 2+ in right biceps and radial, 1-2+ in the left biceps and radial, 2-3+ patellar, 2+ Achilles bilaterally and she had upgoing toes bilaterally.

LABORATORY STUDIES
Admission: hemoglobin 9.9, hematocrit 29.3, RBC 3,560,000, MCV 82.2, MCH 27.9, MCHC 33.9, WBC 14,300 with 79% neutrophils, 0% bands, 11% leucocytes, 9% monocytes, 1% eosinophils, platelet count 720,000. Chem screen revealed elevated AST 43, LDH 259, glucose 136 (not fasting), low albumin 3.6, cholesterol 113. Urine R&M revealed a specific gravity of 1.035, pH 6, negative routine and 0 RBC/hpf, 0-2 WBC/hpf. Culture for

trach sputum revealed numerous gram positive cocci, no white blood cells, organism identified as staphylococcus aureus methicillin resistant.

Repeat blood count in late August, 2000 revealed relatively normal CBC and Diff with hemoglobin 11.4, hematocrit 34.3, RBC 4,200,000, MCV 81.7, MCH 27.2, MCHC 33.3, WBC 6,400 with relatively normal differential, platelet sufficiency was normal. Repeat hepatic function revealed normal liver enzymes; albumin a little low at 3.6. G-tube culture in October, 2000 grew three organisms - Pseudomonas aeruginosa heavy growth, Serratia marcescens and Staphylococcus species coagulase negative.

X-ray Studies:
X-ray of right forearm revealed a healing fracture of right mid-ulnar with exuberant callous formation at fracture site with adequate alignment. Radius appeared intact.

X-ray of thigh to rule out fracture. Radiographs of the right femur appeared normal. No fracture was identified.

Alison had a modified barium swallow performed at Children's Hospital of Pittsburgh on 08/24/00. In summary she exhibited a delay in initiation of swallow for all consistencies characterized by pooling in the vallecula and piriform sinuses. Alison's most prolonged latency was for thin liquids while she was able to swallow the thin liquids without aspirations. Alison was felt to be at risk for aspiration due to the prolonged time required to initiate the swallow (possibly secondary to decreased sensory feedback). Until she is able to initiate a swallow more quickly, only nectar thick or slightly thicker liquids were recommended. Alison appeared to be ready for more texture, however, bites with increased texture should be alternated with bites with pureed to encourage and fostered clearance from her oral cavity and pharynx. Pudding appeared to be the safest consistency for Alison to swallow overall.

Doppler Studies: Lower venous Doppler examination of bilateral lower extremities were obtained on 07/31/2000. All Doppler signals were normal bilaterally. No Doppler evidence of deep vein thrombosis or venous incompetence.

CONSULTATIONS
PM&R Consultation:
Alison was evaluated by Physical Medicine Resident Ramon Lansang, M.D. under the supervision of Pediatric Physiatrist, Cynthia L. Smith, M.D.

Impression on 07/31/2000 was that of:
1. Traumatic injury, status post motor vehicle accident with right subdural hematoma, left occipital and right parietal contusions with following sequelae:
   A. Decreased level of arousal and attention
   B. Minimal conscious state.
   C. Probable speech and language dysfunction.
   D. Motor dysfunction involving bilateral lower extremities and left upper extremity.
   E. Probable visual spatial deficits.
   F. Potential bowel and bladder dysfunction.
   G. Severe cognitive dysfunction.
   H. Spasticity.
2. Status post tracheostomy.
3. Nutritional.
4. Right arm mid-shaft prominence; rule out callous formation from probable fracture involving ulna.
5. Right upper thigh anterior swelling; rule out fracture with callous formation versus hematoma versus heterotopic ossification versus deep vein thrombosis.
6. Equinus deformity of ankles bilaterally.

Recommendations:
X-rays of the right upper extremity and right lower extremity to rule out fracture versus heterotopic ossification. If x-rays were negative, then would proceed to attempt to identify swelling with radio-nuclear bone scans since most x-rays would be negative for heterotopic ossification after three weeks. Doppler studies also should be obtained.

Therapeutically, continue present medicines Dantrium for spasticity, Ativan for agitation, consider Botulinum toxin injections for equinus deformity and overall increased tone of lower extremities. Consider psycho-stimulants in the future if no significant improvement.

Physical therapy for range of motion, balance, posture, strength of extremities when appropriate. Serial casting of both ankles with application of orthotic devices such as splints to the lower extremities and splint on left upper extremity as needed.

Occupational therapy for visual spatial orientation when appropriate. Tactile stimulation when appropriate and also for self-care skills when appropriate.

Speech/language therapy for visual spatial training, spatial attention

deficits training, tactile, visual and oral stimulation when appropriate.

Nursing for frequent side to side turns, decubitus ulcer prevention and care of occipital decubitus suctioning, respiratory therapy and tracheostomy care.

Psychology for behavioral psychological evaluation.

Arrange formal orthopedic assessment for evaluation of compression fractures, right forearm swelling and right thigh swelling.

Alison was followed by the pediatric physiatrist throughout her stay. When last seen she was noted to have significant cognitive and memory problems with attentional difficulty. Her basic reading was at the 4th grade 5 month level, spelling at the 3rd grade 9 month level, writing reversals, math reasoning was at the 2nd grade 9 month level.

Orthopedic Consultation:
Alison was evaluated by pediatric orthopedist, Steven Mendelson, M.D., from Children's Hospital of Pittsburgh on 08/02/00. Dr. Mendelson reviewed her films and noted that her right forearm fracture appeared to be healing by bone scan. She had increased uptake in all three phrases of her mid-right thigh. Much of this was in the soft tissue and was felt to represent soft tissue trauma and probably forming myositis ossificans, although an underlying fracture of her femur could not be ruled. Dr. Mendelson also noted a fracture of T5 and L2 nondisplaced. He did not give any restrictions for full rehab protocol. He recommended full weight bearing of bilateral lower extremities and bilateral upper extremities with follow-up with x-rays in 4 weeks' time.

Alison was seen by Dr. Mendelson on 08/31/00. He noted that she had good motion in upper extremities. Her right forearm was stable. She has palpable exuberant callous of the right mid-forearm, but no apparent tenderness. Her spine was straight and there was no spinal or premuscle tenderness. X-ray of the forearm showed the fracture to be completely healed. X-ray of the back showed no evidence of scoliosis. There was mild compression fracture that was healing. Dr. Mendelson recommended follow-up in 6 weeks' time with AP/lateral x-rays of the forearm and sitting AP/lateral scoliosis radiographs.

Alison was seen by Dr. Mendelson in follow-up on 10/04/00. Her ulna fracture had healed and was in anatomic alignment. Vertebral fractures appeared healed. He felt she was doing well and no further follow-up was required.

Neurological Consultation:
Alison was seen by pediatric neurologist, Patricia Crumrine, M.D., on 10/14/00. Dr. Crumrine's impression was that of traumatic brain injury, status post right subdural hematoma and left occipital intraventricular hemorrhage with diffuse axonal injury and shear injuries secondary to a motor vehicle accident on 07/09/00. Dr. Crumrine noted her marked improvement in all four extremities, however, she did manifest cognitive, memory and personality problems. She reviewed the plans outlined in the rehab program and had no further suggestions to make at the time other than to monitor procedures and to have repeat neurological evaluation prior to discharge.

COURSE AT THE INSTITUTE
On admission Alison was on tube feedings with Os-Cal 90 cc per hour. She was placed on an oral stimulation program with a progressive oral feeding program to follow. Her medications consisted of Zantac 150 mg by tube b.i.d., Dantrium 25 mg by tube daily, Ativan 1 mg by tube q8h p.r.n. for agitation, Tylenol 500 mg by tube p.r.n., Bacitracin Ointment to occipital decubitus b.i.d., Albuterol aerosol to trach q4h followed by chest PT. She was on supplemental oxygen to keep her SO2 above 90-92 percent. Bowel care consisted of Dulcolax Suppository 1 q.o.d. p.r.n. and her monilial rash was treated with dilute vinegar rinses with good drying and topical application of Lotrimin Cream. Mouth care consisted of Mycostatin Oral Solution 5 cc swab q.i.d. She was given Artificial Tears 1 drop in both eyes during the day and Lacri-Lube to both eyes at night. One ounce of yogurt with live cultures were added to her tube feedings every shift. As noted above, she was found to have an irregularity of her right arm which was found to be due to a right mid-ulnar fracture that had not been addressed in acute care. She also had a swelling of her right thigh which was secondary to soft tissue injury and early heterotopic ossification. She was monitored by the pediatric physiatrist and pediatric orthopedist as noted above under consultations.

Shortly after admission her continuous feeds were changed to bolus feeds which she tolerated well. She did have a productive cough and remained essentially medically stable for the remainder of her stay. Her trach was capped on 08/23/00 her SAO2 stats remained stable and she was decannulated which was prior to her modified barium swallow. Thereafter she continued to do well with oral feedings and by the time of discharge she eating a regular diet with thin liquids using a double swallow without problem. Her discharge weight was 100.9 pounds, which was approximately 1% below her ideal body weight of 102 pounds. She did develop a slight granuloma of her G-tube that responded to topical

Kenalog. She did have colonization of her G-tube site with bacteria, however, after her G-tube was removed on 10/10/00 the area healed without problem.

Alison was placed in a comprehensive rehab program with physical therapy, occupational therapy, speech-language therapy and psychology. She made significant gains while in program, however, as she improved motorically it was apparent that she was extremely impulsive and safety was of concern. She manifested significant cognitive and short term memory problems which were her primary deficits. At the time of discharge she was continent day and night on a toileting program, but continued to perseverate on toileting. She was started to be weaned from her optima bed. In physical therapy she was ambulating on even and uneven surfaces and grades with supervision for occasional loss of balance using her left hinged AFO. The left hinged AFO improved her gait considerably. She needed constant cuing to pay attention and not be impulsive. In occupational therapy she was able to don her shirt and jacket with set-up and supervision. She needed help with fasteners. She could don elastic waistband pants with monitored assistance. Toilet transfers were minimal assistance for impulsivity and safety. She was incorporating her left upper extremity in tasks more spontaneously, but she still had 25 degree flexion and 25-30 degree abduction and 40 degree extension rotation of her left shoulder. She did much better with the left shoulder range in pool therapy and it was suspected that she may have had a brachial plexus injury since she had some rotator cuff weakness and thenar and hypothenar atrophy on the left. In speech-language therapy she was talking in low tone with a whisper. She was extremely perseverative and confused with short term memory problems. At the time of her transfer to Health South it was estimated that she would another 2-3 weeks of intensive rehabilitation. There was concern that there were limited services in her rural community of Clearfield County. Because of the long traveling distance from home to The Children's Institute, her parents sought placement closer to home. Alison was accepted by the Health South facility and she was transferred to that facility to complete her inpatient rehab. During her stay Alison was monitored by the neuropsychologist, but she had not completed any formal neuropsychological testing. This will have to be done at Health South Altoona rehab in order to help plan for her educational needs post discharge.

PLAN

1. Transfer to Health South Altoona facility for ongoing rehab.
2. Discharge plan will be completed by the staff at Health South when she is ready to be transferred to outpatient rehab program.

Dictated By: CHORAZY,ANNA J (MD)
Text Status: **FINAL**
Signed By: Anna J Chorazy M.D
CHORAZY,ANNA J (MD)

Typist: OLSON,NANCY
Date Received: 10/20/2000
Date Typed: 10/23/2000

THE CHILDREN'S INSTITUTE

6301 NORTHUMBERLAND ST
PITTSBURGH, PA 15217
412-420-2400

FINAL REPORT

Name: LONG,ALISON M
MR#: 0257-00
DOB: 09/19/1987
Admit Date: 07/28/2000
Discharge Date: 10/21/2000
Acct. Number: 010638
Service: INPATIENT

REHABILITATION NURSING DISCHARGE SUMMARY

DATES OF SERVICE:
07/28/00 - 10/21/00

Alison Long received rehabilitation nursing care. Her care plan emphasized the following goal areas:
1. Nutrition
2. Elimination
3. ADLs
4. Skin integrity
5. Mobility
6. Medical management

She demonstrated the following progress:
1. Nutrition: FROM receiving G-tube feedings of Isocal TO self feeding a soft diet with ground meats and nectar thick liquids. Patient fed self with supervision. Fluids were encouraged.
2. Elimination: FROM being incontinent of bowel and bladder with an excoriated diaper area TO being continent of bowel and bladder during the day and night. Patient was on a every 2 hours toileting program due to her perseveration on toileting.
3. ADLs: FROM patient required total assistance with bathing, grooming, and dressing TO minimal assistance with grooming, supervision with toileting, and minimal assistance with bathing and dressing.
4. Skin integrity: FROM having healing incisions on scalp TO intact skin.
5. Mobility: FROM requiring the use of a wheelchair and total assistance for mobility TO being able to ambulate with supervision.
6. Medical management: Alison remained free of medical complications during the course of her admission. She did continue to have short term memory deficits and impulsivity. An Optima bed was used at night for her safety.

Patient care plan also included:
Participation in family training/education for: the above mentioned goal areas including safety and medications.
Participation in patient training/education on a daily basis for: the above mentioned goal areas.
Materials given to patient and/or family included: discharge

REHABILITATION NURSING DISCHARGE SUMMARY

instructions.

Discharge Recommendations:
Patient is being discharged from The Children's Institute and being admitted to a rehabilitation facility closer to her home.

Last date of treatment: 10/21/2000.

Dictated By: QUINN,SARAH (RN)
Text Status: **FINAL**
Signed By: Sarah Quinn
QUINN,SARAH (RN)

Typist: DINGER,DENNISE
Date Received: 10/25/2000
Date Typed: 10/26/2000

THE CHILDREN'S INSTITUTE

6301 NORTHUMBERLAND ST
PITTSBURGH, PA 15217
412-420-2400

FINAL REPORT

Name: LONG,ALISON M
MR#: 0257-00
DOB: 09/19/1987
Admit Date: 07/28/2000

Acct. Number: 010638
Service: INPATIENT

NEUROLOGICAL CONSULTATION

HISTORY OF PRESENT ILLNESS:
Alison is a 12-10/12 year old white female who was admitted to the Children's Institute on 07/28/00 in transfer from Conemaugh Hospital with the following problem list:

1. Traumatic brain injury
   a. right subdural hematoma and left occipital intraventricular hemorrhage
   b. quadriparesis with greater involvement of the left side
   c. cognitive memory and personality problems - Rancho Los Amigos Level II
2. Occipital decubitus
3. Compression fractures of the lumbar spine
4. Irregularity of the right forearm - rule out callous formation and fracture
5. Monilial dermatitis
6. Monilial dermatitis of the perineal and buttock area
7. Tracheostomy
8. PEG tube in left upper quadrant
9. Remote pneumonia, resolved.
10. Remote urinary tract infection

The history was obtained from the medical record and nursing staff as there was no family member available. She was in her usual state of health until 07/09/00 when she was in the back seat of a car in which the driver lost control. She was unconscious at the scene of the accident with another passenger on top of her. This passenger died at the scene. She was intubated at the scene and transported to Conemaugh Memorial Medical Center where she was admitted to the Trauma/Neurosurgical Service. Her initial Glasgow Coma score was recorded as 3 and her initial trauma level as 7. An emergency CAT scan of the head revealed a right subdural hematoma of approximately 2-3 mm. She had effacement of the cortical sulci bilaterally and intraventricular blood in the occipital horn of the left lateral ventricle. There was reported to be shearing of the corpus callosum. A CAT scan of the lumbar spine showed no major abnormalities at that time. She had a ventriculostomy placed for monitoring of her increased

intracranial pressure. She was cared for in the Intensive Care Unit on a ventilator for the next 13 days. She was able to be weaned from the ventilator on 07/22 and was transferred to a floor with oxygen. She was then transferred to the Children's Institute on 07/28 and at the time of transfer was reported not to be focusing or following, and did not appear to be aware of her family members. She has maintained an awake state with open eyes but without any improvement in her level of awareness since admission. She moves all four extremities, left better than right, and moves her upper extremities better than her lower extremities.

PAST MEDICAL HISTORY ILLNESS:
As recorded in Dr. Chorazy's admission note. I have nothing further to add as there were no family members available at this time. There apparently no past history of seizures and no history of seizures during this acute trauma.

DRUG ALLERGIES: None reported.

NEUROLOGICAL EXAMINATION:
Alison entered the examination room on a stretcher with a nurse accompanying her. She had her eyes open but tended to have a gaze preference to the left and maintained her head turned to the left, although would spontaneously move it to the midline. She did not respond to her name when called, and was unable to carry out simple commands such as open her mouth, stick out her tongue, close her eyes.

She had a gastrostomy tube in place in the left upper quadrant. She had soft supports on both feet.

Cranial Nerves: Disks were normal. Her pupils reacted to light bilaterally. As noted, there was a gaze preference to the left. I could not get her fixate or follow objects or sounds. Corneals were intact bilaterally as was gag and I did not detect any facial asymmetry nor was there any facial expression. Tongue was midline.
Motor: On motor examination, she had increased tone in all four extremities, right greater than left. She would move her left side somewhat. She had a force grasp on the right hand. Legs were extended with marked plantar flexion. Reflexes were increased in all four extremities, right greater than left, and she had bilateral extensor plantar responses. I could not elicit any clonus.
Sensation: I could not determine response to painful stimuli or other sensory modalities.

IMPRESSIONS:

LONG,ALISON M
NEUROLOGICAL CONSULTATION

Traumatic brain injury; status post right subdural hematoma and left occipital intraventricular hemorrhage with diffuse axonal injury and shear injuries secondary to motor vehicular accident on 07/09/00. She has marked motor involvement of all four extremities. She has evidence of cognitive and memory personality problems as well.

SUGGESTIONS:
I have reviewed the plans as outlined by Dr. Chorazy and have no further suggestions at this time other than to monitor for seizures and to have a repeat evaluation prior to discharge.

Dictated By: CRUMRINE,PATRICIA (DR)
Text Status: **FINAL**
Signed By: Patricia K Crumrine MD
CRUMRINE,PATRICIA (DR)

Typist: MILLER,BARBARA
Date Received: 08/14/2000
Date Typed: 08/15/2000

6301 NORTHUMBERLAND ST
PITTSBURGH, PA 15217
412-420-2400

Name: LONG,ALISON M
MR#: 0257-00
DOB: 09/19/1987
Admit Date: 07/28/2000

Acct. Number: 010638
Service: INPATIENT

PHYSICAL MEDICINE & REHABILITATION INPATIENT EVALUATION
DATE OF EVALUATION: 07/28/00

CHIEF COMPLAINT:
Chief complaint for physiatric evaluation.

HISTORY:
The patient is a 12-10/12 year old female who was apparently well up until 07/09/00 when she was involved in a motor vehicle accident, when the vehicle that she was riding in crashed into a tree. The patient was an unrestrained passenger and she had an immediate loss of consciousness at the scene. Based on chart reports, the patient's initial Glasgow Coma Scale was a total of 3. She was initially brought to Conemaugh Medical Center where initial evaluations and diagnostic workup revealed the presence of a right subdural hematoma, left occipital and right parietal contusions without the presence of skull fracture. Other notable injuries reportedly include an L2 superior end plate fracture, T3, T5 and T6 compression fractures, and an L1-L2-L3 compression fractures all of which are apparently stable. There was another back seat passenger involved in the motor vehicle accident who unfortunately died at the scene. The patient was in the Intensive Care Unit of Conemaugh Medical Center for a total of 13 days. She had an EVD placed on day of admission and she was also on ventilator support up until two weeks from admission. She was off sedatives and also put on seizure prophylaxis medications.

The postoperative complications include streptococcus pneumonitis, Staphylococcus septicemia for which she was treated for with Vancomycin. She also had a urinary tract infection. There were also reports of increased intracranial pressure which was managed accordingly. She also developed an occipital decubitus ulcer which has been treated with Bacitracin ointment and which has been improving. There were no other reports of fractures, injuries or other complications.

Functionally, the patient has remained minimally responsive, without significant response to voice and tactile stimulation, but with limited eye-opening with ranging of motion. She still has a tracheostomy tube

in place. She is being supported nutritionally with tube feeds at this time.

PAST MEDICAL HISTORY:
Natal is unremarkable. Developmental milestones are up to par. Immunizations are up-to-date and the only childhood disease recorded on the chart is chicken-pox. There have been no other hospitalizations prior to the accident.

ALLERGIES: None.

FUNCTIONAL STATUS:
The patient premorbidly was active and involved in all kinds of sports. She was also on the Honor Roll and doing well in school. At present, the patient is basically unresponsive to verbal stimuli and remains in a persistent vegetative state.

SOCIAL AND ENVIRONMENTAL HISTORY:
The patient lives with her parents and other siblings in a 2-story house, with one step to enter with a bedroom and bathroom setup on the 2nd floor. She was doing well in school prior to the accident and was on the Honor Roll.

FAMILY HISTORY:
The patient is the youngest child with the other siblings apparently well and healthy. There is a positive family history of hypertension and myocardial infarction in the paternal grandfather.

MEDICATIONS:
Zantac 150 mg by PEG-tube b.i.d.
Dantrium 25 mg q.d. by PEG-tube
Ativan 1 mg q8h p.r.n. by PEG-tube
Tylenol with Codeine 10 cc p.o. q4h p.r.n. by PEG-tube
Bacitracin Ointment to the occipital decubitus ulcer b.i.d.
Albuterol nebulizations q4h p.r.n.
Artificial Tears and Lacri-Lube to both eyes b.i.d.

PHYSICAL EXAMINATION:
The patient was seen and examined with Dr. Cynthia Smith.
General Survey: The patient has a minimal level of arousal, with eye opening only on painful stimuli and passive range of motion of lower extremities. There is no visual nor verbal response whatsoever. There is no visual tracking observed.
HEENT: The patient has 1 cm stage II occipital decubitus ulcer with minimally erythematous base. This is open with no dressing. The

patient's eyes are conjugatively deviated to the left side which are relatively fixed even with head movement. The pupils are bilaterally dilated but responsive to light. Extraocular muscle movement is unobtainable. The patient has lip smacking movements. There was no sucking or glabellar response on stimulation.
Neck: Patient has a tracheostomy tube in place. There was no erythema or drainage observed.
Chest/Lungs: The patient has harsh breath sounds with rhonchi heard in the upper airways. There are no rales nor other adventitious sounds observed in the lower bases.
Heart: Adynamic precordium with normal rate and rhythm. No cardiac murmurs appreciated.
Abdomen: The patient has a PEG tube in place with site clean, dry, no active drainage, nor with any signs of redness.
Extremities: The patient's extremities are in general in an extensor postural tone. There is no volitional movement observed with the left upper extremity and bilateral lower extremities good. There is some spontaneous flexion movement of the right upper extremity, however, non-purposeful. There is a noted protuberance over the mid-shaft of the right aspect of the upper extremity, probably involving the ulnar bone. This appears to be tender as the patient withdraws somewhat with palpation. This is not well delineated, fixed, without signs of redness nor warmth. Bilateral lower extremities appeared to be tonically increased with plantarflexion deformities - equinus deformities of both ankles. There is considerable swelling of the right upper thigh area with notable warmth, and no skin discoloration was noted and there was no swelling or edema noted in the calf of the right lower extremity. There was no swelling over the left lower extremity. With passive range of motion, the patient has a 3/4 Ashworth scale with bilateral hip flexor movements as well as bilateral knee flexion movements. The knee flexors can only be passively ranged up to 110 degrees bilaterally. With knee passive range of motion in flexion, it can only be ranged up to 100 degrees bilaterally. They can be extended to neutral with passive range of motion. The bilateral ankles have equinus deformity and they can only be passively ranged with -20 to -30 from neutral. There is the presence of a hematoma on the lower and medial aspects of the left upper thigh.
Skin: Aside from the occipital decubitus ulcer, there are no other areas of redness or irritation.
Neurological Examination: Both eyes seem to be conjugately deviated to the left side. The cranial nerves cannot be assessed at this time. There is no observable active motor movement of the left upper extremity, and bilateral lower extremities. There is a non-purposeful flexion movement of the right upper extremity at the elbow. With tactile stimulation which includes light touch and pain sensation, the

patient doesn't have any ocular or motor response other than eye opening.

ASSESSMENT:
1. Traumatic injury, status post motor vehicle accident with right subdural hematoma, left occipital and right parietal contusions with the following sequelae:
    a. Decreased level of arousal and attention.
    b. Minimally conscious state.
    c. Probable speech and language dysfunction.
    d. Motor dysfunction involving bilateral lower extremities and left upper extremity.
    e. Probable visual spatial deficits.
    f. Potential bowel and bladder dysfunction.
    g. Severe cognitive dysfunction._
    h. Spasticity.
2. Status post tracheostomy.
3. Nutritional.
4. Right arm mid-shaft prominence to rule out callous formation from a probable fracture involving the ulnar.
5. Right upper thigh anterior swelling, to rule out fracture with callous formation vs. hematomata vs. heterotopic ossification vs deep vein thrombosis.
6. Equinus deformity of ankles bilaterally.

PLAN:
1. Diagnostically, we shall obtain x-rays of the right upper extremity and right lower extremity to rule out fracture vs. heterotopic ossification. If the x-rays are negative, we shall proceed to attempt to identify the swelling with a radio nuclei bone scan since most x-rays would be negative for heterotopic ossification after 3 weeks Doppler Studies will be obtained as well.
2. Therapeutically, we shall continue with the present medications which at present include: Dantrium for spasticity, Ativan for agitation. We shall also consider Botulinum toxin injections for her equinus deformity and overall increase tone of her lower extremities. We shall consider using psychostimulants in the future if there is no significant improvement.
3. Physical therapy for range of motion, balance and posture, strengthening of the extremities when appropriate, serial casting of both ankles with application of orthotic devices such as splints to the lower extremities and a splint on the left upper extremity as needed.
4. Occupational therapy for visual spatial orientation when appropriate, tactile stimulation when appropriate, also for self-care skills when appropriate.

5. Speech-language therapy for visual spatial training, spatial attention deficits training, tactile, visual, oral stimulation when appropriate.
6. Nursing for frequent side-to-side turns, decubitus ulcer prevention, and care of the occipital decubitus ulcer, suctioning and respiratory therapy and tracheostomy care.
7. Psychology for behavioral and psychological evaluation and parental support.

8. Will arrange for formal orthopedic assessment for evaluation of spinal compression fractures, Right forearm swelling and Right thigh swelling.

This patient was seen and examined with Dr. Cynthia Smith, who is in agreement with the above recommendations and plan.

Ramon Lansang, M.D.

Dictated By: LANSANG,RAMON, M.D.
Text Status: **FINAL**
Signed By: Cynthia L Smith
SMITH,CYNTHIA L (MD)

Typist: EWING,JUDY
Date Received: 07/31/2000
Date Typed: 08/02/2000

THE CHILDREN'S INSTITUTE

6301 NORTHUMBERLAND ST
PITTSBURGH, PA 15217
412-420-2400

FINAL REPORT

Name: LONG,ALISON M
MR#: 0257-00
DOB: 09/19/1987
Admit Date: 07/28/2000
Discharge Date: 10/21/2000
Acct. Number: 010638
Service: INPATIENT

PHYSICAL THERAPY DISCHARGE SUMMARY

Alison Long was seen for an evaluation on 07/29/2000 secondary to a diagnosis of traumatic brain injury resulting from a motor vehicle accident. Patient and family members were advised of evaluation results on 07/29/2000. Alison Long participated in an inpatient physical therapy program emphasizing the following goal areas:
1. Alison will transfer bed to and from wheelchair with supervision.
2. Alison will ambulate 100 feet with appropriate assistive device with supervision.
3. Alison will be assessed for equipment needs prior to discharge.
4. Alison will be provided with a home exercise program prior to discharge.

At the time of discharge she demonstrated the following:
1. Transfers bed to and from wheelchair progressed FROM total assistance of two people TO supervision without an assistive device.
2. Ambulation status progressed FROM being unable to ambulate on day of evaluation TO ambulating greater than 2,000 feet on various surfaces, including up and down a six inch curb without assistive device with supervision. Patient requires supervision to ambulate secondary to balance deficits and safety issues such as impulsive behavior and confusion. Due to excessive hyper-extension in left knee, an AFO was assessed and ordered for patient to use at all times when ambulating. The left lower extremity AFO made a marked improvement in patient's gait and in decreasing left lower extremity hyper-extension during stance and mid-stance phase of gait.

Other:
Stair negotiation has also progressed FROM being unable on day of evaluation TO ambulating up and down twenty-four steps with minimal assistance of one with use of one railing.
Gait presents with step-to gait pattern 50% of the time and a reciprocal gait pattern 50% of the time.
Patient requires minimal assist to ascend and descend stairs secondary to balance loss, impulsive behavior, and safety issues.
Other progressions noted which were also not tested on day of evaluation due to patient's low level of function at that time are as follows:
a. Transfers sit to and from supine not tested on day of

evaluation TO independent.

b. Transfers sit to and from stand not tested on day of evaluation TO independent.

c. Transfers floor to and from stand not tested on day of evaluation TO supervision due to decreased lower extremity strength in bilateral lower extremities and decreased balance.

d. Static and dynamic balance has improved FROM poor, requiring total assist to correct balance, TO fair requiring minimal assistance to correct balance with high level balance activities.

Patient training included:
- Gait/transfer training, therapeutic exercise.
- Family training was performed throughout admission for equipment issues i.e. wheelchair, left lower extremity AFO, also transfer training/gait training, and in-home exercise program.
- The following adaptive equipment was prescribed: Left lower extremity AFO.
- Patient received the following adaptive equipment: Left lower extremity AFO.

Discharge Recommendations:
We are recommending twenty-four hour supervision due to patient's impulsivity, confusion, and decreased balance. Continued use of left lower extremity AFO is recommended until discharge by outpatient physical therapy.

Continued physical therapy is recommended at this time. She is being admitted to another inpatient rehabilitation facility closer to her home to address the following goals:
1. Improve ambulation on various surfaces to independent for community distances.
2. Improve ambulation up and down twenty-four steps to independent with a reciprocal gait pattern.
3. Improve high level balance skills to good/independent being able to self-correct all losses of balance.
4. Improve bilateral lower extremity strength to 5/5 throughout.
5. Improve all transfers to independent.
6. Improve cardiopulmonary status to premorbid status. Patient to tolerate thirty minutes of aerobic activity.
7. Continue to provide patient and family training/education for home exercise program and equipment needs.

Last date of treatment: 10/19/2000.

PTA

Ron Haradzin, PTA
Physical Therapist Assistant

Jeanne Herbert, PT
Physical Therapist

PT

Dictated By: HARADZIN,RON (PT)
Text Status: FINAL
Signed By:
HARADZIN,RON (PT)

PTA

Typist: HOLT,GLADYS
Date Received: 11/10/2000
Date Typed: 11/13/2000

The Children's Institute

INPATIENT

PHYSICAL THERAPY WEEKLY PROGRESS NOTES

Patient Name: Alison Long MR#: 257-00

Dx: TBI

Assistive Device: manual WC, (B) AFO's, ~~Rt~~ (B) night splints

Precautions: HO (R) thigh, impulsive.

Weight Bearing Status **Date/Initials:**	FWB 10/20/00 JH	/ /	/ /	/ /	/ /	/ /	/ /
Functional Objectives:							
Bed ↔ wheelchair							
Sit ↔ supine	out in community						
Sit ↔ stand	1000' x 2						
Car Transfer	on side walks, curbs						
Amb 200' ft. on uneven surfaces ie grades, grass curbs (S)	slopes - (S)						
↑↓ ____ steps							
↑↓ ____ " curb							
HEP & Safety Precautions							
Patient/Family Training							
Equipment							
floor ↔ stand S UE: support on table - (S)							
Exercises:							
A will perform SLS 30 seconds (B)							

STAFFING:

/ / **Staffing** **Next Staffing:** / / **Anticipated D/C:** / / **Home PT** ____ **/OP PT** ____

Medical/Staff Concerns: ____

Comments: ____

Signature JH PT DATE: 10/20/00

STAFFING COPY

THE CHILDREN'S INSTITUTE

6301 NORTHUMBERLAND ST
PITTSBURGH, PA 15217
412-420-2400

FINAL REPORT

Name: LONG,ALISON M
MR#: 0257-00
DOB: 09/19/1987
Admit Date: 07/28/2000
Discharge Date: 10/21/2000
Acct. Number: 010638
Service: INPATIENT

SPEECH-LANGUAGE THERAPY DISCHARGE SUMMARY

DATES OF SERVICE:
07/28/00 - 10/21/00

Alison Long is a 13 year old female admitted to The Children's Institute status post traumatic brain injury secondary to motor vehicle accident. She participated in evaluation and individuals speech-language therapy emphasizing the following goal areas:

1. Oral motor function/swallowing
2. Voice
3. Pragmatics
4. Cognition
5. Oral language comprehension/use
6. Functional reading
7. Written language

She demonstrated the following progress:

Oral Motor Function/Swallowing:
FROM: Upon admission, Alison was nothing by mouth with tracheostomy and gastrostomy tube feedings. Primitive munching movements were noted with tonic bite reflex.
TO: Alison steadily progressed to an oral diet post modified barium swallow study completed 08/24/00 (see attached copy). After several weeks, Alison progressed to a regular diet with nectar thick liquids. The gastrostomy tube was removed as her nutritional needs were met adequately via oral intakes. A few days prior to discharge, speech-language therapist increased Alison's diet to include thin liquids utilizing a chin-tuck with double swallow. No clinical signs/symptoms of aspiration noted with such recommendations. Please see attached feeding ICP report.

Voice:
FROM: Alison admitted with tracheostomy in place. No communication attempts noted.
TO: Alison's tracheostomy was capped on 08/23/00 without incident. Tracheostomy was removed later that day. Alison began to vocalize in a whispered voice in early September. Speech-language therapist worked towards increased voicing utilizing several strategies (feeling voice box, pushing). To date, Alison is verbal at sentence length, though

requires frequent cues to "use her voice". Speech-language therapist would recommend an Ear Nose Throat (ENT) consultation to rule out possible damage caused by intubation.

Pragmatics:
FROM: Alison was unresponsive upon initial evaluation.
TO: Over the past several months, Alison has demonstrated several phases of agitation. She progressed FROM unresponsive TO physically agitated.
TO: Verbally agitated. She now demonstrates emotion lability on a day to day basis. She ranges from tears of confusion to inappropriate laughter. Redirection techniques are not always effective.

Cognition:
FROM: Alison was unresponsive upon initial evaluation.
TO: Alison has made significant progress in terms of cognition, though she remains a safety risk due to both physical and mental capability. Alison is now ambulating with supervision. She often times reaches out to grasp objects, as she consistently loses her balance. She is able to verbally solve several hypothetical problems, as well make inferences in therapy. However, Alison does not have the ability to self implement such strategies. Her level of attention varies from session to session, based on level of agitation (e.g., "Where's my mother?", "Take me to my room!"). She appears to focus better when sitting in a regular chair at tabletop versus sitting in a belted wheelchair. Alison's short term memory skills remain poor. Speech-language therapist issued a memory logbook to be utilized daily for simple environmental cues. Alison's mother has been made aware of safety issues due to limited cognition. She has demonstrated understanding of this information.

Oral Language Comprehension/Use
FROM: Upon initial evaluation, Alison was unresponsive with no purposeful movements. She would open eyes, though no tracking observed. She received the score of 1 for all WeeFIM scores.
TO: Alison is now able to participate in verbal exchanges at basic conversational levels. She is perseverative and confused at most times, though she does demonstrate periods of clarity from day to day. Alison is able to respond to most yes/no, "wh", and open ended questions without paraphasias. She can follow most 2-3 step physical directives without difficulty. Please see attached Test Score Summary sheet for specific information regarding current receptive/expressive language skills.

Functional Reading:
FROM: Upon initial evaluation, Alison was unresponsive.

TO: Alison is now able to read effectively at sentence to short paragraph level. She needs assistance reading paragraphs, as she tends to skip lines due to visual perceptual issues (see occupational therapy discharge summary). Alison must also be cued to read to the far right side of the page due to visual neglect. Due to her short term memory deficits, Alison demonstrates poor reading comprehension skills. Further assessment of this area required.

Written Language:
FROM: Upon initial evaluation, Alison was unresponsive.
TO: Prior to verbal attempts, Alison initiated writing of words in response to queries (e.g., "Alison, how are you?" - "Hurt"). She is now able to compose responses to basic queries, though perseverations evident (see attached writing sample). Further assessment is required in this area. Please review occupational therapy discharge summary for more specific information.

Alison's treatment program also included:
- Advised family member of evaluation results on 07/29/00.
- Participated in family training on an ongoing basis.

Discharge Recommendations:
It is recommended Alison receive continued speech-language therapy 5 times per week for 2 (30) minute sessions per day to address the following goals:
1. Increase family education/training.
2. Increase use of voiced versus unvoiced communication.
3. Increase verbal expression.
4. Increase receptive language.
5. Increase written language.
6. Increase cognition.
7. Increase short term memory/attention to task.
8. Monitor diet for signs/symptoms of aspiration.

Continued SLT is recommended at this time.

WeeFIM DISCHARGE SCORES:

Eating	Comprehension	Expression	Social Interaction	Memory	Problem Solving
5	3	4	3	2	2

Last date of treatment: 10/20/2000.

Dictated By: FISHER,MELISSA CCC-SLP
Text Status: **FINAL**
Signed By: Melissa D Fisher
FISHER,MELISSA CCC-SLP

Typist: DINGER,DENNISE
Date Received: 10/22/2000
Date Typed: 10/26/2000

HISTORY AND PHYSICAL EXAMINATION

Date: 10/21/00

Name: Alison M. Long

MR#: 187705138

SOURCE OF HISTORY: Pre-admission screening form, transfer chart, and patient's family.

CHIEF COMPLAINT: Patient was involved in a motor vehicle accident in which she suffered a traumatic brain injury. She was initially at Conemaugh Hospital and was later transferred to Children's Institute where she was a patient from 07/28/00 until 10/21/00. Patient's primary care physician is Dr. Lescovan. She now presents to HEALTHSOUTH Rehabilitation Hospital of Altoona under the care of Dr. Patel to begin a comprehensive inpatient rehabilitation program.

HISTORY OF PRESENT ILLNESS: Ms. Long is a 13-year-old female an unremarkable past medical history. Patient was involved in a motor vehicle accident on July 9, 2000. Patient was an unrestrained passenger in the rear seat. Apparently, she had loss of consciousness and was life-flighted to Conemaugh Hospital. There she was noted to have suffered a closed head injury with a right subdural hematoma, left occipital, right parietal contusions. Patient was intubated and was continued on ventilatory support. She did require a tracheostomy as well as a PEG placement. She did require monitoring for her intracranial pressure as it would elevate with any type of activity. X-rays revealed fractures at T3, T5, and T6 along with compression fractures at L1, L2, and L3. Patient did not require any type of surgical intervention for the compression fractures. Eventually, the patient was weaned off of a ventilator and later had her tracheostomy discontinued. She was continued on tube feedings with Os-Cal and this was later discontinued. Patient was noted to have some swelling present about the right forearm for which x-rays did reveal healing fracture of the right mid ulna with exuberant callus formation. She did not require any type of surgery or casting. She was placed on an immobilizer. Patient was placed in isolation as she was positive for MRSA and her PEG Tube, trach, and sputum. Her most recent cultures on 10/02/00 of the PEG site were negative for MRSA. There are no other apparent complications noted during patient's hospital stay. It was noted that she did make great gains over the past couple of months at the Children's Institute. Patient currently requires moderate assistance of one with handheld assistance for ambulation. She now presents to HEALTHSOUTH Rehabilitation Hospital of Altoona under the care of Dr. Patel to begin a comprehensive

inpatient rehabilitation program.

PAST MEDICAL HISTORY: Unremarkable.

PAST SURGICAL HISTORY: None.

DIET & MEDICATIONS (at transfer): Diet is a regular diet with thin liquids. Medications: Multi-Vitamin with Iron chewable 1 p.o. daily, Dantrium 25 mg 1 p.o. daily, Fostex cleansing facial acne bid, 10% Benzyl gel to facial acne bid, Tylenol 500 mg p.o. q 4 hrs prn, Motrin 400 mg p.o. q 6 hrs prn, Dulcolax suppository 1 every other day prn, Ativan 50 mg chewable one hour after day pass.
10-22 cc

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: The patient is a 13-year-old single individual living with her parents in Madera, PA. There is no alcohol or smoking history.

REVIEW OF SYSTEMS: As above.

PREMORBID FUNCTIONAL STATUS: Prior to the patient's acute care hospital stay, she was independent in her ADL.

CURRENT FUNCTIONAL STATUS: The patient is currently on a weight bearing status as tolerated with assistance. She requires moderate assistance of one with handheld assistance for ambulation.

PSYCHOSOCIAL: Stable at present.

PHYSICAL EXAMINATION:

GENERAL SURVEY: Reveals a 13-year-old anxious and at times tearful female sitting in a chair in no acute distress.

ADMISSION VITAL SIGNS: Blood pressure 102/62, pulse 96, respirations 16, temperature 97.7 degrees Fahrenheit.

SKIN: Pale, warm, and dry.

HEAD: Normocephalic, post traumatic.

EYES: Conjunctiva pink. Sclera clear. Pupils dilated but equal, round, and reactive to light and accommodation. EOM's intact bilaterally. No nystagmus noted.

THROAT/MOUTH: Tongue protrudes midline. Uvula rises symmetric to phonation. No apparent facial asymmetry noted.

NECK/THYROID: Trachea midline. Thyroid non-palpable. No carotid bruits. Neck is supple.

LYMPH NODES: No noted lymphadenopathy.

THORAX/LUNGS: Respirations even and unlabored. Thorax is symmetrical. Breath sounds are clear to auscultation bilaterally. There are no adventitious breath sounds noted.

CARDIOVASCULAR: Regular rate and rhythm without any apparent murmur. Carotid pulses are 2+. No JVD present.

ABDOMEN: Soft, flat, non-distended, and non-tender. Active bowel sounds are present times four quadrants. She is noted to have a well-healed incision from previous PEG Tube noted in the left upper quadrant. There are no other masses or organomegaly palpable.

PERIPHERAL VASCULAR: Bilateral radial and dorsalis pedis pulses are 2+.

EXTREMITIES: No cyanosis, clubbing, or edema 10-22-00

MUSCULOSKELETAL:

UPPER EXTREMITIES – Right upper extremity is 5/5. Left upper extremity is 4/5.

LOWER EXTREMITIES – 4+ - 5-/5.

NEUROLOGICAL:

MENTAL STATUS – Patient is awake, alert, and oriented to city, month, and year. She is disoriented to place. States the current president is "Washington". Speech is clear at times. She is able to follow one-step commands with cueing fairly consistently.

CRANIAL NERVES – II-XII are grossly intact.

MOTOR/STRENGTH – As above.

SENSORIUM – Intact to light touch.

REFLEXES – DTRs deferred.

LABORATORY DATA: On 07/29/00 uric acid 1.9, phosphate 4.6, calcium 9.0, alkphose 233, AST 43, LD 259, total bilirubin 0.3, glucose 136, BUN 16, total protein 6.6, albumin 3.6, cholesterol 113, WBC 14.3, hemoglobin and hematocrit 9.9 and 29.3.

IMPRESSION:

1. Activities of daily living and ambulatory dysfunction secondary to status post motor vehicle accident with resultant closed head injury.
2. Compression fractures at T3, T5, T6, L1, L2, and L3.
3. Right mid ulnar fracture.
4. History of Methicillin-resistant staphylococcus aureus, PEG (percutaneous endoscopic gastrostomy) Tube, trachea, and sputum.
5. Status post tracheostomy.
6. Status post PEG (percutaneous endoscopic gastrostomy) Tube insertion.

PLAN:

1. The patient will be admitted to begin inpatient rehabilitation program. Focus will be on upgrading her strength and returning her back to functional mobility.
2. Will consult Dr. Flaugh for pediatric and medical management and follow her orders accordingly.
3. Patient will follow-up with Dr. Lee Miller and Dr. Karl Greene in two weeks after discharge at Conemaugh Hospital.

4. Patient will have a complete physical, occupational, and speech therapy evaluation.
5. Patient will be placed on a regular diet with thin liquids at this time.
6. Will obtain a psychiatric evaluation as this patient is very anxious and tearful at times to rule out possible depression.
7. Will culture nares and throat as she did have a history of MRSA during her hospital stay.
8. Patient will have baseline laboratory testing performed including a CBC and 7/60.
9. Patient will be under pain management control.
10. Patient will continue on her home medications.
11. Patient will be initiated into the brain injury program.

GOALS:

1. The patient will achieve maximum functional mobility by the time of discharge from HEALTHSOUTH Rehabilitation Hospital of Altoona.
2. Appropriate discharge planning will be completed.
3. Patient will meet the caloric needs required of a comprehensive inpatient rehabilitation program.
4. Patient will have no deterioration of skin integrity.
5. Patient will be free of DVTs.
6. Patient will have effective pain relief.
7. Patient will be free of injury.

Goals have been discussed with the patient and the family and the patient and the family agree.

PROGNOSIS: Fairly good to return to previous living status.

ESTIMATED LENGTH OF STAY: Approximately 2 weeks.

REHAB POTENTIAL: Fairly good.

POTENTIAL BARRIERS: Cognition.

SAFETY: Poor to fair.

John Vargo, PA-C

Rakesh Patel, D.O.

Date Dictated: 10/21/00
Date Transcribed: 10/22/00
Transcribed By: bss
Job #: 1342

Consulting Physician: ~~Dr. Flaugh~~ Date: 10/21/00

STAT:

Regular Med/Surg:

Routine Postop:

Notified:

Long, Alison
09/19/87
187705138
10/21/00
210 Dr. Patel

This is now a 13-year-old white female who was involved in a motor vehicle accident on 07/09/00. She had been in her usual healthy state until 07/09/00 when she was driving in the backseat belted of a friend's car in Philipsburg where she lives. She was sitting back behind the driver's side. The driver of the car was 14-years-old. Apparently, they were on their way to the junkyard to pick up bicycle parts. On the way back lost control of the car and the car slid into a telephone pole hitting with her door, which is the left back door, hitting the telephone pole. She was life-flighted from the scene and spent approximately 44 days in a coma. She was initially at Conemaugh Hospital where her immediate injuries were tended to and then she was transferred to Children's Institute in Pittsburgh for further rehabilitation. Patient was reportedly by mom having a right sided contusion with left sided hemiparesis and has amnesia of the event and somewhat before the event. She does, however, remember leaving school at the end of the school year last year when she was in 6th grade. Her usual care was obtained at Philipsburg Medical Center by Dr. Kumar who is no longer in practice up there. She has no known allergies.

PAST MEDICAL HISTORY: Unremarkable up until the accident and now includes severe traumatic brain injury with the following:

1. Cognitive dysfunction.
2. Emotional regressive behavior to the age of 3-5.
3. Speech and language dysfunction.
4. Quadriparesis, left worse then right.
5. Status post right arm fracture/ulna.
6. Status post compression fractures of the 3rd, 5th, and 6th thoracic vertebrae and also the 1st, 2nd, and 3rd of the lumbar vertebrae.
7. Fracture of the superior end plate of L2, resolved.
8. Status post right subdural hematoma and left occipital and right parietal contusions.
9. Status post strep pneumonitis, resolved.
10. Status post septicemia, now colonized with Methicillin-resistant staphylococcus aureus.
11. Status post occipital decubitus ulcer, resolved.
12. Status post tracheostomy, decannulated.
13. Status post PEG Tube, decannulated.

PAST SURGICAL HISTORY: Unremarkable until injury now. She is status post tracheostomy, status post PEG Tube placement both of which have been removed.

NF

HOSPITALIZATIONS: Unremarkable up until this accident where she was hospitalized at Conemaugh Hospital and transferred to Children's Institute and then to HEALTHSOUTH Rehabilitation Hospital of Altoona.

MEDICATIONS: Patient was on no chronic medications. Upon discharge to HEALTHSOUTH Rehabilitation Hospital of Altoona she was on the following:

1. Ferrous Sulfate 1 teaspoon bid.
2. Zantac 150 mg bid.
3. Dantrium 25 mg qd.
4. Tylenol/Motrin 400 mg q 6 hrs prn pain.
5. Benzygel 2% to facial area bid.
6. Fostex cleansing lotion to face bid.
7. Dramamine chewable 50 mg crushed one hour prior to passes and then one hour for return trip due to agitation.
8. Multi-Vitamin 1 daily.

SOCIAL HISTORY: Patient was living at home in Philipsburg with her family, mother and father, two brothers 18 and 20, one sister 16-years of age; all in good health. Patient was to attend 7th grade at Moshannon Valley. She was a good student on the honor roll last year. There is no smoking or drinking involved with this patient.

FAMILY HISTORY: Non-contributory.

PHYSICAL EXAMINATION: On admission patient had a height of 5'5". Her blood pressure is 102/62. Her weight is 102.5. Her temperature is 97.5 and her pulse is 94. Patient is awake, alert, oriented to person but not oriented to time or place. She is in mild distress secondary to agitation as she wants to go home and continuously walks around the room. She is unable to sit still. She walks back and forth, sits on the bed, gets up and walks around, and continuously asked to go home or if she is going home. Repeats herself many times to mother, asking the same questions over and over again. HEENT: Shows the head to be normocephalic. There is no evidence of trauma at this time. Extraocular movements are intact. Pupils were equal and dilated. Fundoscopic exam was not performed at this time. Tympanic membranes are clear. The nares are clear. The pharynx is clear. Dentition is intact and good repair. Neck: Supple without

adenopathy or thyromegaly. There is a midline scar in the anterior neck where patient was decannulated from tracheostomy. Lungs: Clear to auscultation in all fields. Heart: Regular rate and rhythm without murmur. Abdomen: Benign, non-tender. No hepatosplenomegaly. There is a left upper quadrant small scar noted. Patient is a Tanner Stage III. No menses at this time. Extremities: Warm, dry. No evidence of cyanosis, clubbing, or edema. Neurological: Exam shows cranial nerves II-XII to be grossly intact with the exception of whispering voice and it is not clear whether this is cranial nerve defect or whether this is a cerebral defect. Motor: Patient has good motor capabilities, but she does have a somewhat mid to high stepping gait, somewhat shuffling unsteady on her feet, but patient has good range of motion of all extremities. Patient does tend to ignore the left side i.e., when she was trying to eat her ice cream she tried to eat it with her right hand without holding the container. When I told her to hold the container with her left hand she did comply and hold the container, but otherwise, ignores left side when she places something on her left side. She took her glasses off and placed them over her left shoulder and when she went to retrieve them, there was no purposeful movement of the left hand to reach for them, right handed with the left hand limp at the side. Patient does have weakness of the left side in strength with hand grip and with muscle strength testing. She does have hyperreflexic responses on the left. On the right she is hyporeflexic. She has clonus of both feet with the left being more than the right. There is a Babinsky on the left and it is questionable whether there is one on the right. Patient can follow directions but in between directions is unable to sit still and becomes very agitated and loses her concentration very easily. Patient was asked several questions in mathematics and was able to answer somewhat appropriately. Addition and subtraction double digits were okay. Patient was unable to multiply 18 x 3, stating that the answer was 46 and not 54. Patient knows the town where she is from but was unable to tell me what city the football team, the Steelers were located in. She did not know the capitol of Pennsylvania stating that it was Penn State. She did, however, know that Washington was the capitol of the United States but did not know that Pennsylvania was located in the United States of America. Patient answered her age as being 9 or 10 but could not recall her birthdate, stating that her birthdate was, it sounded like December instead of September 19. She could not remember the year of her birth but was able to successfully subtract 13 from 2000 to get 1987. Patient does recognize her friends but again is amnesic to the incident and does not remember anything from the time of the accident. Neuropsycyhological shows the patient as above. Patient has a whispering voice but she is very impulsive and inappropriate. Is not aware of dangerous situations and is reckless

in her maneuvering around the room. She also has some spatial disorientation problems when she was placing a can on the table, has it on the edge of the table as well as anything she puts down seems to be on the edge of the table. Patient is able to go the bathroom by herself and to dress herself. She is well kept in her appearance.

IMPRESSION: (1) Traumatic brain syndrome with cognitive emotional speech and language dysfunction/delays. Also, quadriparesis with the left being greater than the right. These are both secondary to right subdural hematoma and left occipital and right parietal contusions. Patient, otherwise, is medically healthy.

RECOMMENDATIONS: My concern at this time is that patient's impulsivity and agitation with the new environment. I have explained to mom that emotionally she is acting on a level somewhere between 3 and 5 years of age as far as safety issues/danger/impulsivity, and this is a big concern when she is going to be at home. I have discussed with mom that maybe worth trying her on some Ritalin to see if the impulsivity will decrease and her concentration will increase. Mom seems to be concerned about how long this will last, and unfortunately, there is no good literature to give a framework of time for the brain to heal, and I have discussed that with her. I have also told her that it would be good idea for her to have something to sleep as she may wake up in the middle of the night and walk around or fall down the steps, walk outside, and get disoriented. Even though they wanted to go home tonight, I hopefully have convinced mom that it is a good idea to stay for the next several days so that occupational, physical, and the rehabilitation physicians are able to get to know her and know what her limitations are to better address the safety impulsivity issues at home. I will follow her with you. I have written orders to start her on some Ritalin 10 mg twice a day and also to give her Ambien to help her sleep at night. I have not altered other medication orders. *Also, I have added Zantac 150 bid to assist with possible* ~~reflex~~ *reflux* issues.

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Consulting Physician: ~~Dr. Flaugh~~ Date: 10/21/00

STAT:

Regular Med/Surg:

Routine Postop:

Notified:

Long, Alison
09/19/87
187705138
10/21/00
214 Dr. Patel

CONSULTATION – PAGE #: 5
Long, Alison

Nancy Flaugh, D.O.

10-22-00
Date

Date Dictated: 10/22/00
Date Transcribed: 10/22/00
Transcribed By: bss
Job #: 1343

ATTENDING PHYSICIAN: Dr. Rakesh Patel
REFERRING PHYSICIAN: Dr. Anna Chorazy
CONSULTATIONS: Dr. Flaugh

ADMISSION DIAGNOSIS:

1. Activities of daily living and ambulatory dysfunction secondary to status post motor vehicle accident with resultant closed head injury. 852.26 (1) E819.1 (5)
2. Compression fractures at T3, T5, T6, L1, L2, and L3. 805.2 (3) 851.86 (2)
3. Right mid ulnar fracture. 813.82 (4)
4. History of Methicillin-resistant staphylococcus aureus, PEG (percutaneous endoscopic gastrostomy) Tube, trachea, and sputum. V09.0 (7) 041.11 (6)
5. Status post tracheostomy. V44.0 (8)
6. Status post PEG (percutaneous endoscopic gastrostomy) Tube insertion.

FINAL DIAGNOSIS: Same as above. Plus:

1. Hypokalemia. 276.8 (9)

PRESENTING PROBLEM: Ms. Long is a 13-year-old Caucasian female with essentially no past medical history. She was involved in a motor vehicle accident in which she suffered traumatic brain injury. In the accident she had also suffered compression fractures at T3, T5, T6, L1, L2, and L3 along with a right mid ulnar fracture. She also had a history of Methicillin-resistant staphylococcus aureus and she had a PEG Tube for feeding. She was status post tracheostomy. She was a patient at Conemaugh Valley Memorial Hospital and later transferred to Children's Institute where she was a patient from 07/28/00 until 10/21/00. Her PCP is Dr. Leskovan. She was transferred to HEALTHSOUTH Rehabilitation Hospital of Altoona under the care of Dr. Patel on 10/21/00 to begin inpatient rehabilitation program prior to discharge.

LABORATORY DATA: Hemoglobin and hematocrit on admission was 12.4 and 37.3 with a white count of 6.2. Potassium was 3.4, glucose was 112. Throat culture grew out normal flora as did left and right nares. She had a history of MRSA in the past.

HOSPITAL COURSE: Ms. Long was admitted to HEALTHSOUTH Rehabilitation Hospital of Altoona under the care of Dr. Patel on 10/21/00, status post traumatic brain injury from a motor vehicle accident. She was admitted to HEALTHSOUTH Rehabilitation Hospital of Altoona under the care of Dr. Patel on 10/21/00 with focus

on upgrading her general muscle strength, range of motion, ambulatory ability during stay at rehab before discharge. Dr. Flaugh was consulted for pediatric management. She was placed on routine admission orders. Baseline laboratory data was obtained. She was on a regular diet with thin liquids, monitoring closely for any choking or coughing. She was given Dantrium 25 mg daily. She was given multi-vitamin with Iron daily. C&S grew out no growth as noted above. She had mild hypokalemia for which she was given supplemental potassium. She was started on Ritalin 10 mg q a.m. and q noon along with Zantac 150 mg bid. Before discharge she was remaining quite impulsive. She had safety deficits. She had significant cognitive deficits and poor memory. She had no chest pain, shortness of breath, nausea, vomiting, or diarrhea. She did have visual difficulties. She was eager to go home. Her family was eager to have her home. As noted above she had significant cognitive deficits. Arrangements for outpatient therapy were made to the Day Treatment/Community Re-Entry Program. She was later discharged to home in the care of her family on 10/23/00 with discharge instructions as below. At the time of discharge she was weight bearing as tolerated with hand held assist, walking 300' while wearing a left ankle foot orthotic. Her gait was unsteady.

DISCHARGE INSTRUCTIONS: Follow-up with the Day Treatment Program at HEALTHSOUTH Rehabilitation Hospital of Altoona for PT and OT therapy. She is on a regular diet with close supervision of liquids. Her last documented weight was 102.5 lbs.

FOLLOW-UP APPOINTMENTS: Dr. Miller in two weeks on November 6 at 1:15. Dr. Karl Greene on November 6 at 3 p.m. Dr. Flaugh after discharge. Her mother to make an appointment with Dr. Patel on December 5 at 10:15.

DISCHARGE MEDICATIONS: Ritalin 10 mg q a.m. and q noon; Zantac 150 mg bid.

Nate Harker, CRNP

Rakesh Patel, D.O.

Date Dictated: 10/27/00
Date Transcribed: 11/02/00
Transcribed By: ce

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Outpatient Progress Notes

❑ PT ❑ OT ❑ SLP ❑ PSYCH ❑ SOC ❑ CARD-PUL ❑ OTHER _____

DATE	TIME	EACH ENTRY MUST BE SIGNED

OCCUPATIONAL THERAPY
Transitional Progress/Reassessment Note

PATIENT NAME: Alison Long
MEDICAL RECORD #: 187705138
PATIENT ACCOUNT #: 526304
ADMISSION DATE: 10/25/00
TREATING DIAGNOSIS: Severe closed head injury

SUBJECTIVE: This patient has been transferred from HEALTHSOUTH Rehabilitation Hospital of Altoona's inpatient treatment team to our outpatient clinic. This transfer has occurred within two weeks of the patient's discharge from inpatient treatment. The primary inpatient therapist has been consulted and the patient/family reports no significant change in health status since discharge, therefore a reassessment and revision of goals to reflect the patient's current needs as reported in this document have been conducted in lieu of a full evaluation.

OBJECTIVE: The patient is a 13-year-old female with an admitting diagnosis of severe CHI. Patient was transitioned from our inpatient facility to our outpatient clinic on 10/25/00 secondary to patient sustaining a closed head injury with date of onset being 07/09/00. Patient was an inpatient at our facility from 10/21 through 10/23/00. Patient sustained a right subdural hematoma, left occipital, and right parietal contusion occurring from a motor vehicle accident on 07/09/00. Patient is now being transitioned from inpatient to outpatient occupational therapy by Dr. Patel and inpatient OT to continue working on basic ADL, cognition, perception, and overall increasing independence for ability to perform functional activities of daily living.

Patient demonstrated/reported the following:

1. Living Situation – Patient lives with her mother and father in Madeira, PA. Patient's cognition was disoriented times three with the exception of year. Behavior was decreased short-term memory, perseverative, stating that every five

PATIENT

OCCUPATIONAL THERAPY
Transitional Progress/Reassessment Note

minutes that she needed to go to the bathroom and needed to be verbally redirected to task at hand. Patient also displayed decreased attention and concentration and needed directions of one to two steps repeated.

2. Vision – Patient does wear corrective lenses and during visual screening the patient did display decreased convergence of binocular vision as well as decreased pursuits in tracking especially on the left side. Patient also was having letter reversals with her writing abilities which was observed during the re-evaluation assessment.

3. Perception – Patient was initiated on the MVPT; however, was unable to be completed due to time constraints. Will be completed at next visit.

4. Upper Extremity Function – Patient is right hand dominant. Active and passive range of motion is within functional limits grossly in both upper extremities; however, the patient did have slight delay in motor planning in the left upper extremity noted during this test. MMT results for the right upper extremity were –4/5 throughout all areas of shoulder, elbow, wrist, and digits. Left upper extremity was 3/5 throughout all areas of left upper extremity of shoulder, elbow, wrist, and digits.

OCCUPATIONAL THERAPY
Transitional Progress/Reassessment Note

PATIENT NAME: Alison Long
MEDICAL RECORD #: 187705138
PATIENT ACCOUNT #: 526304
ADMISSION DATE: 10/25/00

5. Grasp & Pinch Strengths are as follows:

	Left	Right
Grasp	15 #	40 #
Lateral Pinch	9 #	11 #
3 Point Pinch	6 #	10 #
2 Point Pinch	3 #	9 #

6. Coordination – Please note that manipulation was decreased in the left upper extremity during 9 hole peg test and she scored 1 minute and 44 seconds on the 9 hole peg test on the left and the right 32 seconds.

7. Sensation – Patient was intact bilaterally for temperature, pain, light touch, deep pressure, proprioception, and stereognosis.

8. ADL:

Feeding – Supervision with thickened liquids and regular food consistency.
Hygiene/Grooming – Supervision.
Bathing – Minimal assistance.
Upper Body Dressing – Minimal assistance.
Lower Body Dressing – Minimal assistance was needed secondary to decreased cognitive status as well as decreased safety awareness and balance issues.
Transfers to Toilet, Tub, and Chair – Min assist contact guard due to patient's safety awareness, balance, and visual difficulties at this time.

PATIENT

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Outpatient Progress Notes

❑ PT ❑ OT ❑ SLP ❑ PSYCH ❑ SOC ❑ CARD-PUL ❑ OTHER _____

DATE	TIME	EACH ENTRY MUST BE SIGNED

OCCUPATIONAL THERAPY
Transitional Progress/Reassessment Note

PAGE #: 4
PATIENT NAME: Alison Long
MEDICAL RECORD #: 187705138
PATIENT ACCOUNT #: 526304
ADMISSION DATE: 10/25/00

Home Management – Mother is the primary homemaker and was working prior to patient's injury; however, has taken a leave of absence to care for her daughter at this time.
Activity Tolerance – Overall decreased.

ASSESSMENT:

Presenting Problems:

1. Decreased higher level cognition.
2. Decreased vision/visual perception.
3. Decreased bilateral upper extremity strength/endurance.
4. Decreased ADL independence.
5. Decreased IADL and avocational independence.
6. Decreased patient/family education.

PLAN: Specific plan and treatment approach.

Short-Term Goals: Within 7 days.

PATIENT

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Outpatient Progress Notes

❑ PT ❑ OT ❑ SLP ❑ PSYCH ❑ SOC ❑ CARD-PUL ❑ OTHER _____

DATE	TIME	EACH ENTRY MUST BE SIGNED

~~OCCUPATIONAL THERAPY~~
Transitional Progress/Reassessment Note

PAGE #: 5
PATIENT NAME: Alison Long
MEDICAL RECORD #: 187705138
PATIENT ACCOUNT #: 526304
ADMISSION DATE: 10/25/00

1. Patient to demonstrate supervision with home exercise program for motor planning and strengthening times one week.

2. Patient to demonstrate increase in lower body dressing and upper body dressing to supervision times one week.

Long-Term Goals: Within 2-3 months.

1. Patient to demonstrate the ability to follow multi-written/verbal directions in order to complete a functional activity with 90-100% accuracy by time of discharge. wnl MMT eo 12/21/00

2. Patient to demonstrate ability to increase reaction time and attention and concentration and increase ability to track and scan binocularly in order to increase safety for functional activities of daily living by time of discharge. mmt eo 12/21/00

3. Patient to demonstrate increased bilateral upper extremity strength/endurance compared to initial evaluation measurements, showing re-testing on MMT and increasing in grasp and pinch and 9 hole peg test compared to IE to increase independence for functional activities. mmt eo 12/21/00

4. Patient to demonstrate all basic ADL of feeding, bathing, grooming, dressing, and transfers to independence by time of discharge.

5. Patient to demonstrate ability to complete simple meal preparation activities with independence by time of discharge.

PATIENT

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Outpatient Progress Notes

❑ PT ❑ OT ❑ SLP ❑ PSYCH ❑ SOC ❑ CARD-PUL ❑ OTHER _____

DATE	TIME	EACH ENTRY MUST BE SIGNED

OCCUPATIONAL THERAPY
Transitional Progress/Reassessment Note

PAGE #: 6
PATIENT NAME: Alison Long
MEDICAL RECORD #: 187705138
PATIENT ACCOUNT #: 526304
ADMISSION DATE: 10/25/00

6. Patient to demonstrate the ability to return to academic program with tutoring, initially starting back half days working to full days prior to discharge.

7. Patient/family to be educated on home exercise program, adaptive equipment needs, and any other areas of support both personally and academically prior to discharge.

Estimated Length of Stay – 2-3 months.

Rehab Potential – Good.

Discharge Destination – Home with family with supportive services as needed.

Rhonda E. Gottshall OTR/L
Rhonda E. Gottshall, OTR/L

Date Dictated: 10/25/00
Date Transcribed: 10/30/00
Transcribed By: ce
Job #: 0976 & 0977

PATIENT

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Outpatient Discharge Summary

☐ PT ☐ OT ☐ SLP ☐ PSYCH ☐ SOC ☐ CARD-PUL ☐ OTHER _____

DATE	TIME	EACH ENTRY MUST BE SIGNED

OCCUPATIONAL THERAPY
Discharge Note

PATIENT NAME: Alison Long
MEDICAL RECORD #: 187705138
PATIENT ACCOUNT #: 526304
ADMISSION DATE: 10/25/00
DISCHARGE DATE: 12/21/00
TREATING DIAGNOSIS: Severe closed head injury

SUBJECTIVE: None.

OBJECTIVE: This patient is a 13-year-old female with an admitting diagnosis of severe closed head injury. This patient was transitioned from our inpatient facility to our outpatient clinic on 10/25/00 secondary to patient sustaining a closed head injury with date of onset being 07/09/00. The patient was an inpatient at our facility from 10/21/00 through 10/23/00. The patient sustained a right subdural hematoma, left occipital and right parietal contusion occurring from a motor vehicle accident on 07/09/00. The patient is now being transitioned from inpatient to outpatient occupational therapy by Dr. Patel and inpatient OT to continue working on basic ADL, cognition, perception, and overall tasks to increase independence for the ability to perform functional activities of daily living.

ASSESSMENT:

Long-Term Goals are as follows:

1. This patient will demonstrate the ability to follow multi written/verbal directions in order to complete a functional activity with 90-100% accuracy at the time of discharge. PARTIALLY MET. Patient is able to follow one to two step written/verbal directions with continuous verbal cues to stay on task.

PATIENT

OCCUPATIONAL THERAPY
Discharge Note

PATIENT NAME: Alison Long
MEDICAL RECORD #: 187705138
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ADMISSION DATE: 10/25/00
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2. This patient will demonstrate the ability to increase reaction time and attention and concentration and increase the ability to track and scan binocularly in order to increase safety for functional activities of daily living by the time of discharge. MET.

3. This patient will demonstrate increased BUE strength/endurance compared to the initial evaluation measurements showing retesting on MMT and increasing grip and pinch strengths and 9 hole peg test scores as compared to the initial evaluation to increase independence for functional activities. MET. At the time of the initial evaluation, the patient demonstrated 3/5 strength in the LUE and –4/5 strength in the RUE. At the present time, the patient is demonstrating –4 to 4/5 strength throughout the LUE with the exception of her digits which are +4/5. In the RUE, at the initial evaluation, the patient was –4/5 strength where currently the patient is 4/5 strength throughout the shoulder musculature and 4+/5 strength from the elbow distally. Patient's bilateral grip and pinch strengths and 9 hole peg test measurements are as follows with initial evaluation measurements being placed in parentheses:

	Left	Right
Grasp	40 # (15 #)	65 # (40 #)
Lateral Pinch	12 # (9 #)	13 # (11 #)
3 Point Pinch	10 # (6 #)	13 # (10 #)
2 Point Pinch	7 # (3 #)	12 # (9 #)
9 Hole Peg Test	51 sec (1 min 44 sec)	25 sec (32 sec)

ATIENT

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Outpatient Discharge Summary

❑ PT ❑ OT ❑ SLP ❑ PSYCH ❑ SOC ❑ CARD-PUL ❑ OTHER _____

DATE	TIME	EACH ENTRY MUST BE SIGNED

OCCUPATIONAL THERAPY
Discharge Note

PAGE #: 3
PATIENT NAME: Alison Long
MEDICAL RECORD #: 187705138
PATIENT ACCOUNT #: 526304
ADMISSION DATE: 10/25/00
DISCHARGE DATE: 12/21/00

4. This patient will demonstrate all basic ADL of feeding, bathing, grooming, dressing, and transfers to be independent at the time of discharge. MET WITH SUPERVISION.

5. This patient to demonstrate the ability to complete simple meal preparation activities with independence at the time of discharge. MET.

6. This patient will demonstrate the ability to return to academic programs with tutoring, initially starting back to school 1 /2 work day and progressing to full days. NOT MET at this time. It is recommended that the patient return to school; however, her academic level will only be decided upon patient being administered a battery of tests as to her abilities.

7. This patient and family will be educated on a home exercise program, adaptive equipment needs, and any other areas of support both personally and academically prior to discharge. MET.

Discharge Status – Overall, good progress was demonstrated toward improving deficit areas. Family was educated with regard to patient's needs. Patient's family was also educated with regard to completion of a home exercise program to begin with 1 /2 hour to 45 minutes of physical activity. Patient was also instructed on fine motor tasks to be completed in the home setting as well as visual exercises utilizing a brock string as well as completing letter tracking exercises and word search puzzles. Patient's family was also educated with regard to having the patient complete home exercises targeting memory with a 5 second delay.

PATIENT

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Outpatient Discharge Summary

❑ PT ❑ OT ❑ SLP ❑ PSYCH ❑ SOC ❑ CARD-PUL ❑ OTHER _____

DATE	TIME	EACH ENTRY MUST BE SIGNED

OCCUPATIONAL THERAPY
Discharge Note

PAGE #: 4
PATIENT NAME: Alison Long
MEDICAL RECORD #: 187705138
PATIENT ACCOUNT #: 526304
ADMISSION DATE: 10/25/00
DISCHARGE DATE: 12/21/00

PLAN: It is recommended that the patient continue as previously mentioned with her home exercise program which was given to the patient's family in detail on a daily basis as well as recommendations for the patient to return to school following a battery of examinations to decide the patient's current educational level.

If there are any questions regarding therapy given to this patient, please feel free to contact this therapist.

Ed Litzinger, COTA/L

Date Dictated: 12/21/00
Date Transcribed: 12/27/00
Transcribed By: ce
Job #: 0156

PATIENT

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Pt Acct # 526304

OUTPATIENT OCCUPATIONAL THERAPY

THERAPIST Rhonda Hollstein OTR/L CODE # 219
THERAPIST _____ CODE # _____
THERAPIST _____ CODE # _____

HOSPITAL - 210 OTHER - _____

Alison Long

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885

DATES OF SERVICE							10/25/00		10/26/00		10/27/00	
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5200	Evaluation - 1/4 hour	97003										
5250	Evaluation	97003										
5202	Re-Eval/Assessment - 1/4 hour	97004					3	219				
5252	Re-Eval/Assessment	97004										
5204	Therapeutic Activity 1/4 hour	97530										
5204	Hand Program - 1/4 hr	97530										
5204	Prom/Self Range - 1/4 hr	97530										
5204	UE Fine Motor - 1/4 hr	97530										
5204	UE Gross Motor - 1/4 hr	97530										
5204	UE Strengthen/Endurance - 1/4 hr	97530										
5219	Splint Fabrication/Adjust - 1/4 hr	97530										
5220	Patient Education/Train - 1/4 hr	97535										
5220	Home Program - 1/4 hr	97535							1	219		
5221	Dev of Cognitive Skills	97770									4	219
5221	Perceptual Retraining - 1/4 hr	97770							1	219		
5222	Manual Therapy 1/4 hr	97140										
5205	Travel Time - 1/4 hr											
5207	Job Analysis - 1/4 hr											
5214	OPD - 1/4 hr											
5218	Group Tx - 1/4 hr	97530										
5224	Vision Therapy								2	219		
5223	Paraffin / Fluidotherapy	97018										
5213	Supplies											

10/25/00 - Trans note completed. Please refer to typed report for tx-ment plan & goals Rhonda Hollstein OTR/L

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

MR# 187-70-5138

OUTPATIENT OCCUPATIONAL THERAPY

PATIENT ACCT 526304
LOCAL ALISON M
09/[illegible] F 13
BLUE CROSS MEDICAID
10/25/00 DR. PATEL, RAK
MEDICAL REC 187705138

THERAPIST [illegible] CODE # 219
THERAPIST _____ CODE # _____
THERAPIST _____ CODE # _____

HOSPITAL - 210 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			10/25/00									
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5200	Evaluation - 1/4 hour	97003										
5250	Evaluation	97003										
5202	Re-Eval/Assessment - 1/4 hour	97004										
5252	Re-Eval/Assessment	97004										
5204	Therapeutic Activity 1/4 hour	97530										
5204	Hand Program - 1/4 hr	97530										
5204	Prom/Self Range - 1/4 hr	97530										
5204	UE Fine Motor - 1/4 hr	97530										
5204	UE Gross Motor - 1/4 hr	97530										
5204	UE Strengthen/Endurance - 1/4 hr	97530										
5219	Splint Fabrication/Adjust - 1/4 hr	97530										
5220	Patient Education/Train - 1/4 hr	97535										
5220	Home Program - 1/4 hr	97535										
5221	Dev of Cognitive Skills	97770	2	219								
5221	Perceptual Retraining - 1/4 hr	97770	2	219								
5222	Manual Therapy 1/4 hr	97140										
5223	Orthoptic Therapy	92065										
5205	Travel Time - 1/4 hr											
5207	Job Analysis - 1/4 hr											
5214	OPD - 1/4 hr											
5218	Group Tx - 1/4 hr	97530										
5223	Paraffin / Fluidotherapy	97018										
5213	Supplies											

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT OCCUPATIONAL THERAPY

THERAPIST Rhonda Schlotthauer CODE# 219
THERAPIST Stephanie Long CODE# 282
THERAPIST Alyssa Sarver CODE# 219
HOSPITAL - 210 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

921,304

[illegible] MEDICAID
[illegible] DR. PATEL, RAK
MEDICAL REC 18705138
Alison Long

DATES OF SERVICE							11-01-00		11-2-00		11/3/00	
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5200	Evaluation - 1/4 hour	97003										
5250	Evaluation	97003										
5202	Re-Eval/Assessment - 1/4 hour	97004										
5252	Re-Eval/Assessment	97004										
5204	Therapeutic Activity 1/4 hour	97530										
5204	Hand Program - 1/4 hr	97530										
5204	Prom/Self Range - 1/4 hr	97530										
5204	UE Fine Motor - 1/4 hr	97530							3	282		
5204	UE Gross Motor - 1/4 hr	97530										
5204	UE Strengthen/Endurance - 1/4 hr	97530										
5219	Splint Fabrication/Adjust - 1/4 hr	97530										
5220	Patient Education/Train - 1/4 hr	97535										
5220	Home Program - 1/4 hr	97535										
5221	Dev of Cognitive Skills	97770										
5221	Perceptual Retraining - 1/4 hr	97770							1	282	3	219 219
5222	Manual Therapy 1/4 hr	97140										
5223	Orthoptic Therapy	92065										
5205	Travel Time - 1/4 hr											
5207	Job Analysis - 1/4 hr											
5214	OPD - 1/4 hr											
5218	Group Tx - 1/4 hr	97530										
	MISSED UNITS						-4	219				
5223	Paraffin / Fluidotherapy	97018										
5213	Supplies											

Q: 2 To Pt illness

11/1/00
S: No comment
O: Pt. seen daily working on cog/perception, vision, coordination, strength/endurance & ADL's/IADL's to goals
1.) Pt. demonstrate (S) c HEP for note planning & strengthening x wk. Met
2.) Pt. demonstrate UE/LE dress c (S) x 1 wk. Met
A: Pt/family have both been educated on HEP & coordination therapy tasks. Pt continues to require CS for dressing 2° to balance & safety issues. Pt scheduled for eye examine @ Dr Conover on 11/1/00.
P: Continue c goals
1.) Pt demonstrate standing 5-7 min. while performing BUE activity to ↑ balance/safety for ADL's
2) As stated above ↑ to D.S.

Rhonda Schlotthauer OTR/L

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

526504
BLUE CROSS MEDICAID
MEDICAL REC # 1705138
Alison Long

OUTPATIENT OCCUPATIONAL THERAPY

THERAPIST [illegible] CODE # 219
THERAPIST [illegible] CODE # [illegible]
THERAPIST [illegible] CODE # 219
HOSPITAL - 210 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			11/6/00		11-07-00		11-08-00		11-09-00		11-10-00	
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5200	Evaluation - 1/4 hour	97003										
5250	Evaluation	97003										
5202	Re-Eval/Assessment - 1/4 hour	97004										
5252	Re-Eval/Assessment	97004										
5204	Therapeutic Activity 1/4 hour	97530										
5204	Hand Program - 1/4 hr	97530										
5204	Prom/Self Range - 1/4 hr	97530										
5204	UE Fine Motor - 1/4 hr	97530										
5204	UE Gross Motor - 1/4 hr	97530										
5204	UE Strengthen/Endurance - 1/4 hr	97530									8	219
5219	Splint Fabrication/Adjust - 1/4 hr	97530										
5220	Patient Education/Train - 1/4 hr	97535										
5220	Home Program - 1/4 hr	97535									1	219
5221	Dev of Cognitive Skills	97770			2	219						
5221	Perceptual Retraining - 1/4 hr	97770			2	219						
5222	Manual Therapy 1/4 hr	97140										
5223	Orthoptic Therapy	92065										
5205	Travel Time - 1/4 hr											
5207	Job Analysis - 1/4 hr											
5214	OPD - 1/4 hr											
5218	Group Tx - 1/4 hr	97530										
	MISSED UNITS						-4	219	-4	219		
5223	Paraffin / Fluidotherapy	97018										
5213	Supplies											
5204			14	219							1	219

11-08-00
S: No Comment.
O: Pt Seen 3/5 Tx Sessions, working on Cognition/Perception, Vision Coordination, Strength & Endurance & ADL's & IADL's To Goals;
1) Pt demonstrate standing 5-7 min, while performing (B) UE activity To ↑ balance/safety for ADL's. Not Met
2) Pt demonstrate UE/LE dressing c S.S. x 1 week. Not Met.
A: Pt primarily worked on Cognition/Short Cmd/Visual Sequencing ↓ Presentation to work on ↑ stated Goals.
P: Continue c Tx daily for this wk only, Reduce Freq ↓ To TIW Beginning on week of 11/13/00, goals as follows:
1) As stated
2) As stated ↑
11-08-00 Note: Pt was seen by Dr Cronauer for Vision deficits. Will coincide with Vision Therapy beginning Monday 11-13-00, Ref to Vision Consult for specific Tx Goals.

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT OCCUPATIONAL THERAPY

THERAPIST [signature] CODE # 219
THERAPIST [signature] CODE #
THERAPIST [signature] OTS CODE # 219

HOSPITAL - 210 (circled) BEDFORD - 887 CLINIC #8 - 888 OTHER - ______
~~REGENCY SQUARE~~ - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

[illegible] 526504
[illegible]
[illegible]
BL[illegible] C[illegible]SS MEDICAID
[illegible]/00 DR. [illegible] RAK
MEDICAL REC[illegible] 7705138

			11/03/00				11-15-00		11-16-00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5200	Evaluation - 1/4 hour	97003										
5260	Evaluation	97003										
5202	Re-Eval/Assessment - 1/4 hour	97004										
5252	Re-Eval/Assessment	97004										
5204	Therapeutic Activity 1/4 hour	97530					2	219				
5204	Hand Program - 1/4 hr	97530										
5204	Prom/Self Range - 1/4 hr	97530										
5204	UE Fine Motor - 1/4 hr	97530										
5204	UE Gross Motor - 1/4 hr	97530										
5204	UE Strengthen/Endurance - 1/4 hr	97530	1	219			1	219	2	219		
5219	Splint Fabrication/Adjust - 1/4 hr	97530										
5220	Patient Education/Train - 1/4 hr	97535										
5220	Home Program - 1/4 hr	97535										
5221	Dev of Cognitive Skills	97770	1	219					1	219		
5221	Perceptual Retraining - 1/4 hr	97770	1	219			1	219	1	219		
5222	Manual Therapy 1/4 hr	97140										
5223	Orthoptic Therapy	92065										
5205	Travel Time - 1/4 hr											
5207	Job Analysis - 1/4 hr											
5214	OPD - 1/4 hr											
5218	Group Tx - 1/4 hr	97530										
5204	Vision Therapy		1	219								
5223	Paraffin / Fluidotherapy	97018										
5213	Supplies											

11-15-00
S: No comment
O: Pt seen 3/4 Tx sessions, working on cognition/perception, standing balance, vision, strength & endurance, goals as follows;
1) Pt demonstrate standing 5-7 min while performing (B) UE activity to ↑ balance/safety for ADL's. Goal met.
2) Pt demonstrate UE/LE dressing c̄ D.S. x1 week. Partial met.
A: Pt is participating well c̄ Tx. There is continued attention deficits accompanied with perseveration re leaving Tx, time, eating. Tx sessions are kept short and varied. Pt is making gains c̄ balance & strength. Pt tolerates BTE exercises well. All Tx still requires constant supervision c̄ VC. Re goal #2 evaluation to be completed 11-15-00. Goal #2 met c̄ (M) VC & AC.
P: Continue c̄ TIW Tx working on balance strength & endurance and vision. Goal as follows:
1) Pt will demonstrate ↑ strength/endurance to improve safety c̄ ADL as indicated by BTE performance tool 122 @ 30 torque @ goal dist of 50,000.

[signature], OTS
[signature], OTR/L

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT OCCUPATIONAL THERAPY

THERAPIST Rhonda Stiffler OTR/L CODE # 219
THERAPIST _____ CODE # _____
THERAPIST _____ CODE # _____

HOSPITAL - 210 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

[illegible] ACCT 526304
[illegible] MEDICAID
[illegible] DR. PATEL, RAK
[illegible] REC# 1705138

DATES OF SERVICE			11/20/00				11/22/00		11/23/00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5200	Evaluation - 1/4 hour	97003										
5250	Evaluation	97003										
5202	Re-Eval/Assessment - 1/4 hour	97004										
5252	Re-Eval/Assessment	97004										
5204	Therapeutic Activity 1/4 hour	97530										
5204	Hand Program - 1/4 hr	97530										
5204	Prom/Self Range - 1/4 hr	97530										
5204	UE Fine Motor - 1/4 hr	97530										
5204	UE Gross Motor - 1/4 hr	97530										
5204	UE Strengthen/Endurance - 1/4 hr	97530	2	219			2	219				
5219	Splint Fabrication/Adjust - 1/4 hr	97530										
5220	Patient Education/Train - 1/4 hr	97535										
5220	Home Program - 1/4 hr	97535										
5221	Dev of Cognitive Skills	97770										
5221	Perceptual Retraining - 1/4 hr	97770										
5222	Manual Therapy 1/4 hr	97140										
5223	Orthoptic Therapy	92065										
5205	Travel Time - 1/4 hr											
5207	Job Analysis - 1/4 hr											
5214	OPD - 1/4 hr											
5218	Group Tx - 1/4 hr	97530										
5204	Vision		2	219	Temporary		2	219				
5223	Paraffin / Fluidotherapy	97018			11/20/00							
5213	Supplies											

Thank You Very Much

11/22/00
S: No comment
O: Pt. seen 3/3 visits working on vision therapy remediate/y, 1-2 step simple directions to complete, ADL tasks, coordination LUE, ROM LUE, & overall strength/endurance & goals.
1.) Pt. demonstrate ↑ strength/endurance ↑ safety tolerating tool # 122 & torque 30 to 50,000. Met & verbal encouragement to stay on task.
A: Pt. continues to perseverate on food, time & has not been extremely inappropriate & laughter during therapy session. Pt. working on Vision & again ↑ verbal cues to stay on task. Pt. had fall on 11/20/00 & on 11/21/00 presented ↑ pain LUE & ↓ ROM. Pt. was taken to E.R. & (-) x-ray results.
P: Continue Tlw & goals.
1.) Pt. demonstrate 10 min. BUE & 1 verbal redirection while utilizing BTE ↑ distance/resistance.
2.) Pt. demonstrate ↑ AROM LUE compared to IE. to ↑ function for ADL's.

Rhonda Stiffler OTR/L

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT OCCUPATIONAL THERAPY

THERAPIST Rhonda E. Rotola CODE # 219
THERAPIST _____ CODE # _____
THERAPIST M. Barclay, COTA/L CODE # 282
HOSPITAL - 210 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885

[illegible] 925304
[illegible] MEDICAID
[illegible] DR. HALL, RAK
MEDICAL REC. # 7705138

Alison Long

CODE	DESCRIPTION	CPT Code	DATES OF SERVICE		11/27/00				11/29/00		11/30/00			
					UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5200	Evaluation - 1/4 hour	97003												
5250	Evaluation	97003												
5202	Re-Eval/Assessment - 1/4 hour	97004												
5252	Re-Eval/Assessment	97004												
5204	Therapeutic Activity 1/4 hour	97530												
5204	Hand Program - 1/4 hr	97530												
5204	Prom/Self Range - 1/4 hr	97530					entered 11/29/00							
5204	UE Fine Motor - 1/4 hr	97530					1 282		1	282				
5204	UE Gross Motor - 1/4 hr	97530					entered 11/29/00							
5204	UE Strengthen/Endurance - 1/4 hr	97530					1 282		1	282	2	219		
5219	Splint Fabrication/Adjust - 1/4 hr	97530												
5220	Patient Education/Train - 1/4 hr	97535												
5220	Home Program - 1/4 hr	97535												
5221	Dev of Cognitive Skills	97770												
5221	Perceptual Retraining - 1/4 hr	97770												
5222	Manual Therapy 1/4 hr	97140												
5205	Travel Time - 1/4 hr													
5207	Job Analysis - 1/4 hr													
5214	OPD - 1/4 hr													
5218	Group Tx - 1/4 hr	97530					entered 11/29/00							
5224	Vision						2 219		2	219	2	219		
5223	Paraffin / Fluidotherapy	97018												
5213	Supplies				4	219								

11/29/00

S: No comment

O: Pt. seen 1/3 visits since last report. Pt working on visual scanning & perception, cognition, LUE ROM, strength & overall endurance goals.
1.) Pt. demonstrate 10 min BUE 3 lb/ea/ bilateral coordination activities B/E normal
2.) Pt demonstrate 4+/5 LUE compared to 5 to 4+ functional. Not tested

A: No formal measurements obtained on LUE 2° to pt missing scheduled therapy sessions. Pt. remains at a level 5 on the Karuhe scale of 6. Structure & verbal cues needed to perform all activities listed above.

P: Continue 1 to 2 x/wk to goals,
1.) As stated above
2.) As stated above

Rhonda E. Rotola, COTA/L

KEY: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT OCCUPATIONAL THERAPY

THERAPIST [illegible] CODE # 219
THERAPIST [illegible] CODE # 282
THERAPIST _____ CODE # _____

HOSPITAL - 210 OTHER - _____

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885

[illegible] REC # 705138

Alism Long

DATES OF SERVICE			12/4/00				12/6/00		12/7/00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5200	Evaluation - 1/4 hour	97003										
5250	Evaluation	97003										
5202	Re-Eval/Assessment - 1/4 hour	97004										
5252	Re-Eval/Assessment	97004										
5204	Therapeutic Activity 1/4 hour	97530										
5204	Hand Program - 1/4 hr	97530										
5204	Prom/Self Range - 1/4 hr	97530										
5204	UE Fine Motor - 1/4 hr	97530	1	219			1	282 error MB 12/6/00 219				
5204	UE Gross Motor - 1/4 hr	97530										
5204	UE Strengthen/Endurance - 1/4 hr	97530	1	219			1	282 219 error MB 12/6/00				
5219	Splint Fabrication/Adjust - 1/4 hr	97530										
5220	Patient Education/Train - 1/4 hr	97535										
5220	Home Program - 1/4 hr	97535										
5221	Dev of Cognitive Skills	97770										
5221	Perceptual Retraining - 1/4 hr	97770										
5222	Manual Therapy 1/4 hr	97140										
5205	Travel Time - 1/4 hr											
5207	Job Analysis - 1/4 hr											
5214	OPD - 1/4 hr											
5218	Group Tx - 1/4 hr	97530										
5224	Vision		2	219			2	282 error MB 12/6/00 219				
5223	Paraffin / Fluidotherapy	97018										
5213	Supplies								4	219		

can move it

12/6/00
S: No comment
O: Pt seen 2/3 visits working on endurance, strength, ROM, coordination, cognition, perception & vision & goals.
1.) Pt demonstrate 10 min BUE Strength & verbal redirection utilizing BTE. Partially Met. Pt. to returning BTE, but continues to need verbal cues for redirection 2° to distractability
2.) Pt demonstrate ↑ AROM LUE compared to previous measurements to ↑ function with ADL.
A: Pt continues to perseverate requires structure of (5) & verbal cues for redirection for all therapy activities. Pt has shown slight gains in use of LUE & is now doing less squinting since receiving new glasses prescription.

P: Continue ↑ ADL & goals,
1.) As stated Above
2.) As stated Above

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT OCCUPATIONAL THERAPY

THERAPIST Rhonda Stitzel OTR/L CODE # 219
THERAPIST _____ CODE # _____
THERAPIST M.E. Bunch COTA/L CODE # 282

HOSPITAL - 210 OTHER - _____

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885

Alison Long

DATES OF SERVICE			12/11/00				12/13/00		12/14/00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5200	Evaluation - 1/4 hour	97003										
5250	Evaluation	97003										
5202	Re-Eval/Assessment - 1/4 hour	97004										
5252	Re-Eval/Assessment	97004					1	219				
5204	Therapeutic Activity 1/4 hour	97530										
5204	Hand Program - 1/4 hr	97530										
5204	Prom/Self Range - 1/4 hr	97530	1	282								
5204	UE Fine Motor - 1/4 hr	97530										
5204	UE Gross Motor - 1/4 hr	97530										
5204	UE Strengthen/Endurance - 1/4 hr	97530	2	282			1	219				
5219	Splint Fabrication/Adjust - 1/4 hr	97530										
5220	Patient Education/Train - 1/4 hr	97535										
5220	Home Program - 1/4 hr	97535										
5221	Dev of Cognitive Skills	97770										
5221	Perceptual Retraining - 1/4 hr	97770	1	282								
5222	Manual Therapy 1/4 hr	97140										
5205	Travel Time - 1/4 hr											
5207	Job Analysis - 1/4 hr											
5214	OPD - 1/4 hr											
5218	Group Tx - 1/4 hr	97530										
5224	WS 00						2	219				
5223	Paraffin / Fluidotherapy	97018										
5213	Supplies											

D/C Note written 12/13/00

12/13/00
S: No comment
O: Pt. seen 2/3 visits since last report working on endurance, strengthening & heat modality c goals. Reviewed POC on 12/13/00 on problem solving, cognition & vision & perception.
1.) Pt. demonstrate ↑ 10 min BUE Strength c 1 verbal redirection c BTE. Partially met. Tolerating BTE, but continues to perseverate even c written instruction & verbal cues for redirection.
2.) Pt. demonstrate ↑ AROM LUE compared to previous measurements to ↑ function. Met.
A: Pt. can utilize LUE to grossly WNL range, however she needs constant verbal cues to utilize LUE to perform therapy activities to ↑ Strength & coordination. Pt has shown slight improvements c visual memory & vision by ↑ 2 objects attainment for 5 secs c 70% & by not squinting one eye shut while doing computer & table top activities. Family meeting scheduled for _____.
P: Continue TIW c goals;
1.) Pt/family to be set up c HEP prior to D/C.

Rhonda E Stitzel
OTR/L

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT OCCUPATIONAL THERAPY

THERAPIST Rhonda Coldwell CODE # 219
THERAPIST _____ CODE # _____
THERAPIST [illegible] COTA/L CODE # 282
HOSPITAL - 210 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

[illegible] PATEL, RAK
[illegible] REC 187705138
Alison Long

DATES OF SERVICE			12/18/00				12/20/00		12/21/00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5200	Evaluation - 1/4 hour	97003										
5250	Evaluation	97003										
5202	Re-Eval/Assessment - 1/4 hour	97004										
5252	Re-Eval/Assessment	97004										
	PROCEDURES											
5204	Therapeutic Activity 1/4 hour	97530										
5204	Hand Program - 1/4 hr	97530										
5204	Prom/Self Range - 1/4 hr	97530										
5204	UE Fine Motor - 1/4 hr	97530					1	219	1	282		
5204	UE Gross Motor - 1/4 hr	97530										
5204	UE Strengthen/Endurance - 1/4 hr	97530	1	219			1	219	2	282		
5219	Splint Fabrication/Adjust - 1/4 hr	97530										
5220	Patient Education/Train - 1/4 hr	97535	1	219								
5220	Home Program - 1/4 hr	97535										
5221	Dev of Cognitive Skills	97770										
5221	Perceptual Retraining - 1/4 hr	97770	1	219			1	219	1	282		
5222	Manual Therapy 1/4 hr	97140										
5223	Orthoptic Therapy	92065										
5205	Travel Time - 1/4 hr											
5207	Job Analysis - 1/4 hr											
5214	OPD - 1/4 hr											
5218	Group Tx - 1/4 hr	97530										
5204	UE's Rom		1	219			1	219				
	MODALITIES											
5223	Paraffin / Fluidotherapy	97018										
5213	Supplies											

12/20/00
S: No comment
O: Pt seen TW working on HEP education to prepare for D/C & goal
A: Pt/family set up HEP prior to D/C. met.
Mother was in to observe therapies on 12/18/00 and given an extensive program on BUE endurance/strength, coordination, vision & perceptual. Extensive exercises, as well as, S.T. memory & problem solving & direction following
P: D/C on 12/21/00 & recommendation of mother to follow rehabilitation of African med school program.
Rhonda Coldwell, COTA/L

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

2 _____ : _____ AccuVision [illegible]

Leach String w/PD 1

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Outpatient Discharge Summary

☐ PT ☐ OT ☐ SLP ☐ PSYCH ☐ SOC ☐ CARD-PUL ☐ OTHER _____

DATE	TIME	EACH ENTRY MUST BE SIGNED

PHYSICAL THERAPY
Discharge Note

PATIENT NAME:	Allison Long
MEDICAL RECORD #:	187705138
PATIENT ACCOUNT #:	526304
ADMISSION DATE:	10/25/00
DISCHARGE DATE:	12/19/00
REFERRING PHYSICIAN:	Dr. Rakesh Patel
TREATING DIAGNOSIS:	Severe closed head injury

SUBJECTIVE: Patient complains of fatigue. Patient complains of lower extremity exercises being too difficult. The patient fixated on going to the bathroom, eating and how long until she re-joins her mother. Patient's parents report good understanding of home exercise program. Also report that they bought a treadmill, bike and trampoline and ankle weights for home exercise program.

OBJECTIVE: Patient was being seen three times a week for treatment consisting of endurance training, balance and coordination training, lower extremity strengthening, gait training, and home exercise program training. Patient's status at time of discharge is as follows:

Endurance: Patient tolerates 20 minutes on a semi-recumbent bike at Level I and treadmill times 20 minutes at 1.5 miles per hour. Initially patient tolerated approximately three minutes on each machine.

Balance: Static standing is good plus and was initially fair plus. Standing dynamic is good, initially was fair.

Ambulation: Patient can ambulate community distances without assistive device, without left MAFO, modified independently. Patient needs cues to control her left foot slap. Patient has the tendency to hang onto walls or parents if she is allowed. Patient does display a neurological ataxic gait pattern which increases with fatigue. Initially patient was ambulating 300 feet plus with handheld assist wearing the left ankle-foot orthotic with a

PATIENT

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Outpatient Discharge Summary

☐ PT ☐ OT ☐ SLP ☐ PSYCH ☐ SOC ☐ CARD-PUL ☐ OTHER _____

DATE	TIME	EACH ENTRY MUST BE SIGNED

PHYSICAL THERAPY
Discharge Note

PAGE #: 2
PATIENT NAME: Allison Long
MEDICAL RECORD #: 187705138
PATIENT ACCOUNT #: 526304
ADMISSION DATE: 10/25/00

very unsteady gait.

Strength: Left lower extremity strength is approximately 4/5 throughout for her hip and knee and 4+ to 5/5 for her ankle; initially on the left was hip flexion 4-/5, extension 3/5, abduction 4/5, adduction 4/5, knee flexion 4+/5, extension 5/5, dorsiflexion 4/5. Patient's strength on the right lower extremity is a 4/5 for the hip, 5/5 for the knee and ankle. This was the same as first visit except for right hip abduction which was initially 4-/5.

ASSESSMENT:

Long-Term Goal Achievements:

1. Increase bilateral lower extremity strength 5/5. Patient did not meet this goal.
2. Ambulate community distances without an assistive device. Patient MET this goal.
3. Balance skills to be within normal limits. Patient did not meet this goal.

PLAN: Discharge patient secondary to patient being independent with home exercise program with the assistance of her parents and no significant change in status has been seen in the past several weeks.

Stephany Luckett, PTA

Date Dictated: 12/20/00
Date Transcribed: 12/27/00

Transcribed By: adg
Job #: 0498

PATIENT

Rehabilitation Hospital of Altoona

OUTPATIENT PHYSICAL THERAPY

THERAPIST [illegible] CODE # 181
THERAPIST _____ CODE #
THERAPIST Stacy Shucket PTA CODE # 1164
HOSPITAL - 201 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

Alison Long

DATES OF SERVICE							10/25/00		10/26/00		10/27/00	
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5100	Evaluation 1/4 hr Re-eval	97001					1	181				
5150	Evaluation	97001										
5152	Re-Evaluation	97002										
5101	Isokinetic Evaluation 1/4 hr	97750										
5151	Isokinetic Evaluation	97750										
5104	Therapeutic Procedure 1/4 hr	97110					1/2	164	2	164	2	164
5126	Neuromuscular Re-Ed 1/4 hr	97112					2	↓	2	↓	2	↓
5117	Aquatic Therapy 1/4 hr	97113										
5103	Mobility Training (Gait) 1/4 hr	97116										
5108	Massage 1/4 hr	97124										
5122	Group Therapy	97150										
5127	Patient Train/Educ 1/4 hr	97535										
5128	Manual Therapy 1/4 hr	97140										
5105	Hot Pack/Cold Pack	97010										
5111	Traction - Mechanical	97012										
5110	Electric Stim Attend 1/4 hr	97032										
5129	Electric Stim Unattend	97014										
5107	Paraffin/Fluidotherapy	97018										
5118	Whirlpool	97022										
5102	Ultra Sound 1/4 hr	97035										
5130	Iontophoresis 1/4 hr	97033										

10/27/00 (S) Pt. c/o being tired a lot & feeling unsteady.
(O) Pt. was seen 3/3 PT sessions. Rx consists of Re-eval. on 10/25/00, then Tol. Rx. of treadmill, bike, standing/sitting balance ex's, Gait training, attempted hip strengthening & Body Masters.
(A) Pt. tol. 5 mins on bike @ 9 resistance, tol. treadmill @ .8 mph x 5 mins, tol. Leg press ~ 70 lb x 10 reps (was cognitively unable to do correctly), balance ex's includes catching/kicking ball, trampoline, theraball sitting, heel/toe, retro, & marching. BMP's ~ RD's ~ MAPD x 600' ~ CG/DC on (A) & many verbal cues. Please refer to Transition note upon init. PT Qo details on pt's status, ELOS, STG & LTG's.
(P) Cont. Sx unit, cont. as per MD orders.

Shucket PTA [signature] PT

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT PHYSICAL THERAPY

THERAPIST D. Patterson, PTA CODE # 169
THERAPIST [illegible] CODE # [illegible]
THERAPIST Stuckettem PTA CODE # 164

HOSPITAL (201) BEDFORD - 887 CLINIC #8 - 888 OTHER - [illegible] DR. PATEL, RAK
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			10/30/00		10/31/00							
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5100	Evaluation 1/4 hr	97001										
5150	**Evaluation**	97001										
5152	**Re-Evaluation**	97002										
5101	Isokinetic Evaluation 1/4 hr	97750										
5151	**Isokinetic Evaluation**	97750										
	TREATMENT											
5104	Therapeutic Procedure 1/4 hr	97110	2	169	2	164						
5126	**Neuromuscular Re-Ed 1/4 hr**	97112	2	4	2	4						
5117	Aquatic Therapy 1/4 hr	97113										
5103	Mobility Training (Gait) 1/4 hr	97116										
5108	Massage 1/4 hr	97124										
5122	Group Therapy	97150										
6127	**Patient Train/Educ 1/4 hr**	97535										
5128	**Manual Therapy 1/4 hr**	97140										
	MODALITIES											
5105	Hot Pack/Cold Pack	97010										
5111	Traction - Mechanical	97012										
5110	Electric Stim Attend 1/4 hr	97032										
5129	Electric Stim Unattend	97014										
5107	Paraffin/Fluidotherapy	97018										
5118	Whirlpool	97022										
5102	Ultra Sound 1/4 hr	97035										
5130	Iontophoresis 1/4 hr	97033										

10/31/00 Please refer to progressnote to be written @ end of wk.

Stuckettem / [illegible]

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

526304

OUTPATIENT PHYSICAL THERAPY

THERAPIST Stuckettera CODE # 1164
THERAPIST Stacie Enlenes, PTA CODE # 192
THERAPIST [illegible] CODE # 171

HOSPITAL - 201 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			11-1-00		11/2/00		11-3-00	
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5100	Evaluation 1/4 hr	97001						
5150	**Evaluation**	97001						
5152	**Re-Evaluation**	97002						
5101	Isokinetic Evaluation 1/4 hr	97750						
5151	**Isokinetic Evaluation**	97750						
5104	Therapeutic Procedure 1/4 hr	97110			3	192	1	1164
5126	**Neuromuscular Re-Ed 1/4 hr**	97112				↓	2	↓
5117	Aquatic Therapy 1/4 hr	97113						
5103	Mobility Training (Gait) 1/4 hr	97116			1	↓	1	↓
5108	Massage 1/4 hr	97124						
5122	Group Therapy	97150						
5127	**Patient Train/Educ 1/4 hr**	97535						
5128	**Manual Therapy 1/4 hr**	97140						
5105	Hot Pack/Cold Pack	97010						
5111	Traction - Mechanical	97012						
5110	Electric Stim Attend 1/4 hr	97032						
5129	Electric Stim Unattend	97014						
5107	Paraffin/Fluidotherapy	97018						
5118	Whirlpool	97022						
5102	Ultra Sound 1/4 hr	97035						
5130	Iontophoresis 1/4 hr	97033						

11-3-00 (S) Pt. voices ϕ complaints. Cont's to be preoccupied ↑ where she goes next, where her mom is, why she is here, if she can eat/drink etc...
(O) Pt. was seen 4/5 PT sessions. Rx consists of: standing ↑ sitting static/dynamic balance ex's, endurance training, gait training ↑ tx training (floor ↑ standing.
(A) Pt. tol 10 mins. on semi-recumbent bike on manual 1. Tol. treadmill @ 1.0mph x 5 mins. Pt. cont's to require (S)/CG (50 tx, amb, ↑ balance ex's. Unable to cognitively comprehend a more advanced balance ex's. A. cont. to amb ↑ (L) AFO ↑ cues to control DF. Pt. able to tx. floor ↑ stand ↑ ↑ difficulty effort ↑ time but eventually mod (I). SBS: amb. 600' ↑ AD ↑ MAX ↑ as many cues (10 (L) ankle control, ↑ treadmill time to 10 mins ↑ ↓ need (50 CG ↑ current balance ex's.
(P) Cont. as per MD orders

Stuckettera / [illegible] PT

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

$21.30

MEDICAID
PATEL, RAK
MEDICAL REC 18770513E

Alison L Mag

OUTPATIENT PHYSICAL THERAPY

THERAPIST D Patterson, PTA CODE # 169
THERAPIST [illegible] CODE # 161
THERAPIST Suckertown PTA CODE # 164

HOSPITAL - (201) BEDFORD - 887 CLINIC #8 - 888 OTHER - _____

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			11/6/00		11/7/00		11/8/00		11/9/00		11/10/00	
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5100	Evaluation 1/4 hr	97001										
5150	**Evaluation**	97001										
5152	**Re-Evaluation**	97002										
5101	Isokinetic Evaluation 1/4 hr	97750										
5151	**Isokinetic Evaluation**	97750										
5104	Therapeutic Procedure 1/4 hr	97110			2	164	2	164	2	164	3	164
5126	**Neuromuscular Re-Ed 1/4 hr**	97112			1	↓	1	↓	1	↓		↓
5117	Aquatic Therapy 1/4 hr	97113	CX		↓		↓				1	
5103	Mobility Training (Gait) 1/4 hr	97116			1		1					
5108	Massage 1/4 hr	97124										
5122	Group Therapy	97150	MD									
5127	**Patient Train/Educ 1/4 hr**	97535										
5128	**Manual Therapy 1/4 hr**	97140	appt.									
5105	Hot Pack/Cold Pack	97010										
5111	Traction - Mechanical	97012										
5110	Electric Stim Attend 1/4 hr	97032										
5129	Electric Stim Unattend	97014										
5107	Paraffin/Fluidotherapy	97018										
5118	Whirlpool	97022										
5102	Ultra Sound 1/4 hr	97035										
5130	Iontophoresis 1/4 hr	97033										

11-10-00 (S) Pt. reports cont → "hungry, tired, when can I go to bathroom, where do I go next?" etc.
(O) Pt. was seen 4/5 PT sessions. Rx consists of endurance training, gait training, LE strengthening ex's & standing dynamic balance ex's. Also added trunk strengthening.
(A) Tol. 20 reps of 3lb LE PREs including prone, supine & sidelying SLRs & prone HS curls. Tol. 30 reps seated hand DF ex's. Tol. 15 mins on treadmill @ level 1.0 mph. Tol. stationary bike x 10 mins @ manual resistance. Tol. 20 sit ups. Amb. c distant (S) x 300' c verbal cues to control foot slap & w wide BOS to more normal. Cont. to be unable to progress balance ex's 2° pt's ↓ cognition. STG: ↑ speed on treadmill to 1.2 mph & cont. c 15 mins, ↑ reps of LE ex's & sit ups to 30 reps, ↑ DF & band color to green & add SAQ to LE ex. program.
(P) Cont. as per MD orders.

Suckertown PTA

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Alison Long

OUTPATIENT PHYSICAL THERAPY

THERAPIST Stuckett PTA CODE # 164
THERAPIST Angela McLaughlin PTA CODE # 187
THERAPIST _____ CODE # _____

HOSPITAL - 201 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____

MEDICAL REC # 1705138

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			11-13-00				11-15-00		11-16-00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5100	Evaluation 1/4 hr	97001										
5150	**Evaluation**	97001										
5152	**Re-Evaluation**	97002										
5101	Isokinetic Evaluation 1/4 hr	97750										
5151	**Isokinetic Evaluation**	97750										
5104	Therapeutic Procedure 1/4 hr	97110	3	164			2	118	4	164		
5126	**Neuromuscular Re-Ed 1/4 hr**	97112					1	118				
5117	Aquatic Therapy 1/4 hr	97113										
5103	Mobility Training (Gait) 1/4 hr	97116					1	118				
5108	Massage 1/4 hr	97124										
5122	Group Therapy	97150										
5127	**Patient Train/Educ 1/4 hr**	97535	-1 unit									
5128	**Manual Therapy 1/4 hr**	97140	2° Lite									
5105	Hot Pack/Cold Pack	97010										
5111	Traction - Mechanical	97012										
5110	Electric Stim Attend 1/4 hr	97032										
5129	Electric Stim Unattend	97014										
5107	Paraffin/Fluidotherapy	97018										
5118	Whirlpool	97022										
5102	Ultra Sound 1/4 hr	97035										
5130	Iontophoresis 1/4 hr	97033										

11-16-00 (S) Pt. reports mat exs are hard for her.
(O) Pt. was seen 3/3 PT sessions. Rx consists of recumbent bike manual 1 x 12 mins, treadmill @ 1.2 mph x 10 mins, (B) LE mat exs c 3 lb x 30 reps, sit-ups x 20 reps c 4-16" on Body Masters c 40 lb, balance exs in standing. (A) Pt. tolerated bike x 12 mins, D/c from regular sit ups to BM 2° pt's c/o back discomfort, no ↑ in pt's PRE (B) LE status. Cont to need verbal cues to control (L) DF. Tol. time on treadmill by 5 mins. No sig status of balance. STG: ↑ tol. for LE PREs, need for cues while amb, ↑ BM sit ups to 30 reps. Pt. cont's to be preoccupied c many things other than PT needs cues to put forth effort + do things correctly
(P) Cont as per MD notes

Stuckett PTA / [illegible] OT

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT PHYSICAL THERAPY

THERAPIST Sluckett PTA CODE # 164
THERAPIST _____ CODE # 187
THERAPIST _____ CODE # _____

MEDICAID
DR. PATEL, RAK
MEDICAL REC 187705138
Alison Long

HOSPITAL - 201 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			11-20-00				11/22/00		11/23/00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5100	Evaluation 1/4 hr	97001										
5150	**Evaluation**	97001										
5152	**Re-Evaluation**	97002										
5101	Isokinetic Evaluation 1/4 hr	97750										
5151	**Isokinetic Evaluation**	97750							Clopt			
5104	Therapeutic Procedure 1/4 hr	97110	3	164			3	164	Clopt			
5126	**Neuromuscular Re-Ed 1/4 hr**	97112										
5117	Aquatic Therapy 1/4 hr	97113										
5103	Mobility Training (Gait) 1/4 hr	97116										
5108	**Massage 1/4 hr**	97124										
5122	Group Therapy	97150										
5127	**Patient Train/Educ 1/4 hr**	97535										
5128	**Manual Therapy 1/4 hr**	97140										
5105	Hot Pack/Cold Pack	97010										
5111	Traction - Mechanical	97012										
5110	Electric Stim Attend 1/4 hr	97032										
5129	Electric Stim Unattend	97014										
5107	Paraffin/Fluidotherapy	97018										
5118	Whirlpool	97022										
5102	Ultra Sound 1/4 hr	97035										
5130	Iontophoresis 1/4 hr	97033										

11/23/00 (S) "I'm pooped." "I'm starving". "My dad & I lift weights every night now (on a home gym rack).
(O) Pt was seen f/u 2/3 PT sessions. Rx consisted of stationary bike (well managed x15 mins, abdominal curls c 3016 x30 reps, catching/throwing/dribbling ball while amb., & 3lb (B) LE mat ex's x20 reps. (A) Pt rode bike for 3 mins. Tab. curls by 10 reps. Did well dribbling, catching & throwing ball while amb - NO LOB but tends to always use (B) LE despite V.C. to use (A) more. No change in PRE status. STG: ↑ reps 3lb PRE's to 30lb c less complaints of fatigue, ↑ treadmill to 1.2 mph x15 mins (last wk. was 10 mins).
(P) Cont as per MD orders

Sluckett PTA

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT PHYSICAL THERAPY

THERAPIST Sluckett PTA CODE # 164
THERAPIST Stacy Holevar, PTA CODE # 192
THERAPIST [illegible] CODE # 167

HOSPITAL - 201 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

[illegible] MEDICAID
[illegible] DR. PATEL, RAK
MEDICAL REC 18705138
Alison Long

DATES OF SERVICE			11-27-00				11-29-00		11-30-00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5100	Evaluation 1/4 hr	97001										
5150	**Evaluation**	97001										
5152	**Re-Evaluation**	97002										
5101	Isokinetic Evaluation 1/4 hr	97750										
5151	**Isokinetic Evaluation**	97750										
5104	Therapeutic Procedure 1/4 hr	97110	3	164			4	164	3	192		
5126	**Neuromuscular Re-Ed 1/4 hr**	97112										
5117	Aquatic Therapy 1/4 hr	97113										
5103	Mobility Training (Gait) 1/4 hr	97116	-1 unit						-1 unit			
5108	Massage 1/4 hr	97124							20 TO			
5122	Group Therapy	97150							pt			
5127	**Patient Train/Educ 1/4 hr**	97535	2 pt						late			
5128	**Manual Therapy 1/4 hr**	97140	late									
5105	Hot Pack/Cold Pack	97010										
5111	Traction - Mechanical	97012										
5110	Electric Stim Attend 1/4 hr	97032										
5129	Electric Stim Unattend	97014										
5107	Paraffin/Fluidotherapy	97018										
5118	Whirlpool	97022										
5102	Ultra Sound 1/4 hr	97035										
5130	Iontophoresis 1/4 hr	97033										

11/30/00 (S) Cont. to c/o being tired. Also, cont's to be preoccupied w/ what time it is, when she'll see her mother, where she goes next, + having to go to the bathroom.
(O) Pt. was seen 3/3 pt sessions. Rx consists of bike + treadmill, 3lb B/E mat ex's, sled + band (B) DF ex's, Abd. curls on BM machine c 40lb x 3 biceps + gait training c W/E support c V.C. to control L foot.
(A) Able to ↑ ab. curl by 10lb, no Δ in LE ex's status, no Δ in amb, tol. 15 min on bike manual + treadmill @ 1.2 mph. STG: ↑ time on machines to 20 mins, amb c (L) foot slap c cues, ↑ ab. curls to 45lb.
(P) Cont as per MD orders

Sluckett PTA / [illegible] PT

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT PHYSICAL THERAPY

THERAPIST Stockett PTA CODE # 164
THERAPIST [illegible] CODE # 87
THERAPIST [illegible] CODE # [illegible]

HOSPITAL -201 BEDFORD - 887 CLINIC #8 - 888 OTHER - [illegible]

Alison Long

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			12-4-00				12/6/00		12/7/00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5100	Evaluation 1/4 hr	97001										
5150	Evaluation	97001										
5152	Re-Evaluation	97002										
5101	Isokinetic Evaluation 1/4 hr	97750										
5151	Isokinetic Evaluation	97750							CX			
5104	Therapeutic Procedure 1/4 hr	97110	3	164			3	164	2° COA trouble			
5126	Neuromuscular Re-Ed 1/4 hr	97112										
5117	Aquatic Therapy 1/4 hr	97113										
5103	Mobility Training (Gait) 1/4 hr	97116										
5108	Massage 1/4 hr	97124										
5122	Group Therapy	97150										
5127	Patient Train/Educ 1/4 hr	97535										
5128	Manual Therapy 1/4 hr	97140	-1 unit 2° pt late				1 unit 2° pt late					
5105	Hot Pack/Cold Pack	97010										
5111	Traction - Mechanical	97012										
5110	Electric Stim Attend 1/4 hr	97032										
5129	Electric Stim Unattend	97014										
5107	Paraffin/Fluidotherapy	97018										
5118	Whirlpool	97022										
5102	Ultra Sound 1/4 hr	97035										
5130	Iontophoresis 1/4 hr	97033										

12/7/00 (S) No new complaints/comments.
(O) Pt. was seen 3/3 PT sessions. Rx consists of treadmill, bike, Mob. exc., 3lb (B) LE mat ex's.
(A) No significant Δ in pt's status in LE strength or endurance. Pt. to be discussed in team conf on 12-8-00 re: D/C plans.
(P) Cont. as per MD orders - working on ↑ strength LE & endurance.

Stockett PTA

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT PHYSICAL THERAPY

THERAPIST Stuckitter PTA CODE # 164
THERAPIST _____ CODE # _____
THERAPIST _____ CODE # _____
HOSPITAL (201) BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

[illegible] MEDICAID
[illegible] ILL. RAK
[illegible] 705130
Alison Long
Pt Acct # 526304

DATES OF SERVICE			12-11-00				12/13/00		12/14/00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5100	Evaluation 1/4 hr	97001										
5150	Evaluation	97001										
5162	Re-Evaluation	97002										
5101	Isokinetic Evaluation 1/4 hr	97750										
5151	Isokinetic Evaluation	97750										
5104	Therapeutic Procedure 1/4 hr	97110	3	164			3	164	X			
5126	Neuromuscular Re-Ed 1/4 hr	97112										
5117	Aquatic Therapy 1/4 hr	97113										
5103	Mobility Training (Gait) 1/4 hr	97116										
5108	Massage 1/4 hr	97124										
5122	Group Therapy	97150										
5127	Patient Train/Educ 1/4 hr	97535	1 unit						Inclement weather			
5128	Manual Therapy 1/4 hr	97140	2° pt. late									
5105	Hot Pack/Cold Pack	97010										
5111	Traction - Mechanical	97012										
5110	Electric Stim Attend 1/4 hr	97032										
5129	Electric Stim Unattend	97014										
5107	Paraffin/Fluidotherapy	97018										
5118	Whirlpool	97022										
5102	Ultra Sound 1/4 hr	97035										
5130	Iontophoresis 1/4 hr	97033										

12/14/00 (S) Pt. voices 0 new comments/complaints.
(O) Pt. was seen 2/3 PT sessions. D/C was scheduled for 12/14/00, however 2° inclement weather - pt rescheduled for 12/18/00. Rx this wk. consisted of treadmill, bike, BP leg press + abd. curl, 3 lb LE mat PREs. A) Family mtg. was held 12/13/00. Mother to come to last visit for HEP training. Pt's parents spoke of TKO of @ hip getting "bigger handed" - recommended they let MD know. Pt. tol. Rx better this wk - tol. 15 mins on bike + treadmill on same day. Tol. 80lb on Leg press / 40lb abd curl x30 reps. P) Mother to come to last visit for HEP. D/C next mon 12-18-00.
@ Cont x 1 wk visit; cont as per MD order.
SU 12/14/00

Stuckitter PTA

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Alison Long

OUTPATIENT PHYSICAL THERAPY

THERAPIST [signature] PT CODE # 118
THERAPIST [signature] CODE # 171
THERAPIST CODE #

HOSPITAL - (201) BEDFORD - 887 CLINIC #8 - 888 OTHER - ______

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DR. PATEL, RAK
MEDICAL REC 26770513[illegible]

CODE	DESCRIPTION	CPT Code	12/18/00 UNITS	THERP #	12/19/00 UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5100	Evaluation 1/4 hr	97001										
5150	Evaluation	97001										
5152	Re-Evaluation	97002	NS									
5101	Isokinetic Evaluation 1/4 hr	97750										
5151	Isokinetic Evaluation	97750										
5104	Therapeutic Procedure 1/4 hr	97110										
5126	Neuromuscular Re-Ed 1/4 hr	97112			D/C							
5117	Aquatic Therapy 1/4 hr	97113										
5103	Mobility Training (Gait) 1/4 hr	97116										
5108	Message 1/4 hr	97124										
5122	Group Therapy	97150										
5127	Patient Train/Educ 1/4 hr	97535										
5128	Manual Therapy 1/4 hr	97140										
5105	Hot Pack/Cold Pack	97010										
5111	Traction - Mechanical	97012										
5110	Electric Stim Attend 1/4 hr	97032										
5129	Electric Stim Unattend	97014										
5107	Paraffin/Fluidotherapy	97018										
5118	Whirlpool	97022										
5102	Ultra Sound 1/4 hr	97035										
5130	Iontophoresis 1/4 hr	97033										

12/19/00 Pt not seen this wk. Scheduled D/C was on 12-18-00, however therapist waited until 12/19/00 to see if pt. wanted to reschedule. D/C on 12-19-00 2° pt's mother unavailable to Ⓡ. HEP given to OT to give to pt. D/C summary contains final status of LTG achievements.

[signature] PT

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

↑ VE [illegible] and flexors to

HEALTHSOUTH

COMMUNITY RE-ENTRY/DAY TREATMENT PROGRAM PROGRESS NOTES

☐ PT ☐ OT ☒ SLP ☐ PSYCH ☐ REC ☐ NSG ☐ CM ☐ VOC ☐ OTHER_____

DATE	TIME	EACH ENTRY MUST BE SIGNED

COMMUNITY RE-ENTRY/DAY TREATMENT PROGRAM
SPEECH THERAPY
Initial Evaluation

PATIENT NAME: Allison Long
MEDICAL RECORD #: 187705138
ACCOUNT #: 526304
ADMISSION DATE: 10/25/00
REFERRING PHYSICIAN: Dr. Rakesh Patel
TREATING DIAGNOSIS: Profound cognitive linguistic impairment secondary to closed head injury

SUBJECTIVE: When asked why Allison was in the hospital to assess orientation to circumstance, Allison stated "I'm not really sure...I think I was in a wreck...I forget". This statement reflected emerging but fluctuating awareness.

OBJECTIVE: Allison participated in a comprehensive speech, language, and cognitive linguistic evaluation per Dr. Rakesh Patel, D.O. Allison's admitting diagnosis is closed head injury as the result of a motor vehicle accident which occurred on July 9, 2000. Prior to that event, Allison's past medical history was relatively unremarkable.

Allison actively participated in the evaluation process with frequent redirection for her poor sustained attention. The informal reasoning scale (IRS) was administered to evaluate basic processing and cognitive functioning. The following baseline data was collected:

1. Analogies 40%.
2. Intangibles 60%.
3. Idiom interpretation 0%.
4. Proverb interpretation 0%.
5. Opinions and discussions 0%.
6. Hypothetical situations 20%.
7. Opposites 90%.
8. Synonyms 60%.
9. Similarities and differences 30%.
10. Divergent organization 40%.

PATIENT

HEALTHSOUTH

COMMUNITY RE-ENTRY/DAY TREATMENT PROGRAM PROGRESS NOTES

☐ PT ☐ OT ☐ SLP ☐ PSYCH ☐ REC ☐ NSG ☐ CM ☐ VOC ☐ OTHER

DATE	TIME	EACH ENTRY MUST BE SIGNED

COMMUNITY RE-ENTRY/DAY TREATMENT PROGRAM
SPEECH THERAPY
Initial Evaluation

PATIENT NAME: Allison Long
MEDICAL RECORD #: 187705138
ACCOUNT #: 526304
ADMISSION DATE: 10/25/00

Results of this evaluation revealed significant impairment with auditory processing for organization and problem solving. Processing was also significantly reduced for semantic access and word finding. Concrete reasoning was intact for her sustained attention; inferential reasoning was profoundly impaired.

Auditory new learning was assessed by giving Allison three words with association cues. She was asked to recall these items immediately and with a short delay given a distracter task. Immediate free recall was 0%; short delayed free recall given review and a silent delay was 0%. With frequent repetition and associative cueing Allison did not recall the name of this clinician over the course of the evaluation.

Basic communication skills were evaluation through the HEALTHSOUTH Rehabilitation Hospital of Altoona communication assessment/addendum. Allison was able to answer simple "yes/no" questions with 90% accuracy; she responded to complex "yes/no" questions with 20% accuracy. She followed two-step sequential directions with 40% accuracy frequently only completing the last direction processed. She did not complete basic one-step complex directions.

Reading comprehension was assessed. These abilities are significantly impaired secondary to decreased processing and attention span. Sentence comprehension was only 60% accuracy as she did not attend to detail within the sentence. Written expression was not assessed at this time secondary to time constraints but will be evaluated on a diagnostic therapeutic basis.

Allison was oriented to her name but not to time or place. As noted above, she was inconsistently oriented to circumstance.

PATIENT

COMMUNITY RE-ENTRY/DAY TREATMENT PROGRAM
SPEECH THERAPY
Initial Evaluation

PAGE #: 3
PATIENT NAME: Allison Long
MEDICAL RECORD #: 187705138
ACCOUNT #: 526304
ADMISSION DATE: 10/25/00

Allison participated in an informal oral motor examination which revealed structures and functions that are within functional limits for intelligible speech. Allison's rate of speech was excessive as well as her attention to her speech which resulted in a rapid slurred speech pattern. Intelligibility at the sentence level is functional when she is asked to revise for unintelligible utterances. Allison has difficulty concentrating on her intelligible speech while formulating thoughts. There does appear to be slight flaccidity in her tongue which also negatively impacted intelligibility.

ASSESSMENT: Based on the results of this evaluation Allison was diagnosed with a diagnostic classification of severe to profound cognitive linguistic dysfunction and moderate dysarthria secondary to traumatic brain injury; the onset date was July 9, 2000.

Impairment characteristics included the following:

- Profound auditory and visual processing impairments for comprehension and retention.
- Profound impairment with sustained attention for greater than 2 minutes without redirection.
- Profound selective attention.
- Profound impairment with organization for reasoning and problem solving.
- Moderate impairment with semantic access for word fluency and word finding.
- Decreased speech intelligibility secondary to weak articulation, breathiness, slight nasality, and again poor divided and selective attention.

PATIENT

COMMUNITY RE-ENTRY/DAY TREATMENT PROGRAM
SPEECH THERAPY
Initial Evaluation

PAGE #:	4
PATIENT NAME:	Allison Long
MEDICAL RECORD #:	187705138
ACCOUNT #:	526304
ADMISSION DATE:	10/25/00

At this point in time, Allison remains a rancho los amigos level V. Throughout her inpatient stay, Allison did not transition out of this which is a negative prognostic indicator at this point in her recovery given the length of time in the level V as well as medical stability.

The prognosis for improvement is guarded, again, given a level of time in the rancho los amigos level V and time post onset.

PLAN: Based on the outcome of this evaluation, the following was recommended:

1. Allison participate in outpatient speech language pathology services and cognitive remediation 3-5 times a week for 12 weeks with a guarded prognosis.

2. Once treatment is initiated and Allison hopefully progresses to a rancho los amigos VI, contact with her school district will be initiated for eventual academic re-entry.

Speech Language Pathology Long-Term Goals are as follows:

1. Successful academic re-entry in the 7th grade given support services following a multiple disciplinary evaluation by the Moshannon Valley School District/Middle School.

2. Successful social and home re-entry allowing for use of compensatory strategies and family support.

PATIENT

COMMUNITY RE-ENTRY/DAY TREATMENT PROGRAM
SPEECH THERAPY
Initial Evaluation

PAGE #: 5
PATIENT NAME: Allison Long
MEDICAL RECORD #: 187705138
ACCOUNT #: 526304
ADMISSION DATE: 10/25/00

3. Intelligible speech at the conversational level allowing for revision only 20% of the time.

4. Allison will achieve a rancho los amigos VI.

Speech Language Pathology Short-Term Goals are as follows:

1. To increase speech intelligibility at the sentence level to 90% accuracy in structured tasks, Allison will: A. Complete oral motor exercises with resistance emphasizing tongue tip and tongue base, speed, accuracy, and strength with maximum assist. B. Imitate polysyllabic words and short phrases using a slow over exaggerated articulatory approach with maximum assist. C. Sustained vowel sounds following maximum inhalation given a model for 10 seconds. D. Glide "o" sound from a normal tone to a high tone and for normal tone to a low tone following a model with maximum assistance for at least a 5 note range.

2. To increase sustained attention to task, Allison will participate in one activity for 30 minutes with redirection as needed.

3. To increase sustained attention to task, Allison will attend to one activity for 3 minutes without redirection.

4. To increase semantic access and word fluency, Allison will: A. Identify words to agree with definitions with moderate assistance. B. Define words with minimal assistance.

PATIENT

HEALTHSOUTH

COMMUNITY RE-ENTRY/DAY TREATMENT PROGRAM PROGRESS NOTES

☐ PT ☐ OT ☐ SLP ☐ PSYCH ☐ REC ☐ NSG ☐ CM ☐ VOC ☐ OTHER_____

DATE	TIME	EACH ENTRY MUST BE SIGNED

COMMUNITY RE-ENTRY/DAY TREATMENT PROGRAM
SPEECH THERAPY
Initial Evaluation

PAGE #: 6
PATIENT NAME: Allison Long
MEDICAL RECORD #: 187705138
ACCOUNT #: 526304
ADMISSION DATE: 10/25/00

5. To increase organization for reasoning and problem solving, Allison will sequence four ADL related steps with minimal assistance.

6. To increase processing for comprehension and retention, Allison will: A. Implement a memory log with maximum assist. B. Recall names of her therapist with maximum assist. C. Respond to "wh" questions regarding her routine with maximum assist.

Thank you for this referral and I wish Allison the best with all re-entry goals.

Ann Marie Yakymac, MA, CCC/SLP

Date Dictated: 01/03/01
Date Transcribed: 01/04/01
Transcribed By: bss
Job #: 0278

PATIENT

COMMUNITY RE-ENTRY/DAYTREATMENT PROGRAM
SPEECH THERAPY
Discharge Note

PATIENT NAME: Alison M. Long
MEDICAL RECORD #: 187705138
ACCOUNT #: 526304
ADMISSION DATE: 10/25/00
DISCHARGE DATE: 02/01/01
REFERRING PHYSICIAN: Dr. Rakesh Patel
DISCHARGE DIAGNOSIS: Cognitive linguistic dysfunction secondary to traumatic brain injury

SUBJECTIVE: When asked what Alison learned from therapy, Alison responded, "I don't know...you tell me (as she giggled)". This statement reflected limited to no insight into limitations resulting from the traumatic brain injury. Both Mr. and Mrs. Long are aware of the residual limitations and are actively participating in follow through and recommendations for academic placement.

OBJECTIVE:

Alison compliantly participated in the therapy process tiw on an individual basis from admission on 10/25/00 through discharge on 02/01/01. Attendance was consistent.

Alison was discharged on this date having obtained maximum benefit from therapy at this time and achieving the goals specified in her individualized treatment plan given the least amount of cueing for assisted independence.

For Alison's initial status, please refer to the initial evaluation dated 10/25/00.

With regard to the first long-term goal, Alison partially achieved the goal of successfully re-entering seventh grade given support services following a multi-disciplinary evaluation by the Moshannon Valley School District/Middle School. Following a family meeting which occurred in the middle of her treatment course, I contacted the Moshannon Valley School District and Middle School with regard to initiating the process of the multi-disciplinary evaluation. This evaluation completed by the school

COMMUNITY RE-ENTRY/DAYTREATMENT PROGRAM
SPEECH THERAPY
Discharge Note

PATIENT NAME: Alison M. Long
MEDICAL RECORD #: 187705138
ACCOUNT #: 526304
ADMISSION DATE: 10/25/00
DISCHARGE DATE: 02/01/01

district will evaluate Alison's strengths and weaknesses and placed her appropriately in the school system. I believe that Alison will best benefit from a life skills classroom that is highly structured and supported. Due to Alison's limited new learning which is directly related to the severity of the traumatic brain injury, placement in a regular academic classroom is not recommended at this time. At this point in time, the multidisciplinary evaluation has been initiated with Alison and placement will follow appropriately.

Alison partially achieved the goal of successful social and home re-entry allowing for use of compensatory strategies and family support. Given the severity of the traumatic brain injury and impact on new learning, a memory log system was established and put in place. Alison is to use this system with the support of her family to recall her daily ADL routine and other events. Both Alison and her mother have a difficult time keeping track of this book. As a result it is not used consistently and does always facilitate new learning and recall. Another compensatory strategy to facilitate recall and problem solving was use of a daily routine schedule. Recommendations were made by the clinician with the suggestion that the family follow through with a structured daily routine at home. This goal was partially achieved.

Alison partially achieved the goal of achieving intelligible speech at the conversational level allowing for revision only 20% of the time. Initially, an oral motor exercise program was prescribed and practiced with Alison. Again, both auditory and visual cues were provided secondary to her limited new learning. With structure and instruction, Alison was able to complete the oral motor program. An emphasis was also placed on encouraging Alison to use maximum inhalation prior to phonation to optimize volume

COMMUNITY RE-ENTRY/DAYTREATMENT PROGRAM
SPEECH THERAPY
Discharge Note

PATIENT NAME: Alison M. Long
MEDICAL RECORD #: 187705138
ACCOUNT #: 526304
ADMISSION DATE: 10/25/00
DISCHARGE DATE: 02/01/01

and speech intelligibility. Her speech intelligibility did improve at the conversational level, however, when her attention span decreases her intelligibility decreases. As a result she needs to revise more than 20% of the time. Therefore, this goal was not fully achieved.

Alison achieved the goal of achieving a rancho los amigos VI level. Initially, Alison was a rancho los amigos V. The transition from a V to a VI took several months and structured treatment. Therapy addressed basic concrete problem solving, reasoning, and organization. With repetition of activities involving structured and familiar routines, Alison achieved this goal.

ASSESSMENT: Overall, Alison did make gradual gains toward the long-term goals specified in her individualized treatment plan. At this point in time, it is recommended that the school district follow through with appropriate placement for Alison in a classroom that involves highly structured routine and activity. Academic goals should also focus on life skills and not "traditional" academics, such as history and English lessons. Again, Alison's new learning will impede progress and success in a traditional academic classroom.

At discharge, Alison presents with severe cognitive linguistic dysfunction secondary to traumatic brain injury, impairment characteristics including the following:

- Decreased processing speed and depth which negatively impact new learning and recall.
- Decreased processing speed and depth which negatively impact organizational

COMMUNITY RE-ENTRY/DAYTREATMENT PROGRAM
SPEECH THERAPY
Discharge Note

PAGE #: 4
PATIENT NAME: Alison M. Long
MEDICAL RECORD #: 187705138
ACCOUNT #: 526304
ADMISSION DATE: 10/25/00
DISCHARGE DATE: 02/01/01

for effective concrete problem solving and reasoning.

- Significantly impaired attention span.
- Variable speech intelligibility which is directly related to her state of arousal.
- Decreased processing speed and depth for comprehension of linguistically complex information.
- Limited cognitive flexibility.
- Emotional lability.

PLAN: Based on the outcome of therapy, it is recommended that the Moshannon Valley School District and Middle School follow through with the recommendations of completing the multi-disciplinary evaluation and therefore placing Alison in the appropriate classroom situation. It was also recommended that Alison receive follow through services through the school district.

A home program was constructed and reviewed with Alison and her family with successful return explanation. It was recommended that she follow with structured routine on a daily basis to optimize her cognitive and communicative performance and decreased level of dysfunction. The responsibility will have to be follow through with the family and school district as Alison does not obtain the new learning which would give her the ability to do this independently.

PATIENT

HEALTHSOUTH®

COMMUNITY RE-ENTRY/DAY TREATMENT PROGRAM DISCHARGE SUMMARY

☐ PT ☐ OT ☐ SLP ☐ PSYCH ☐ REC ☐ NSG ☐ CM ☐ VOC ☐ OTHER_____

DATE	TIME	EACH ENTRY MUST BE SIGNED

COMMUNITY RE-ENTRY/DAYTREATMENT PROGRAM
SPEECH THERAPY
Discharge Note

PAGE #:	5
PATIENT NAME:	Alison M. Long
MEDICAL RECORD #:	187705138
ACCOUNT #:	526304
ADMISSION DATE:	10/25/00
DISCHARGE DATE:	02/01/01

Thank you for this referral and I wish Alison and her family the best with all future social and academic endeavors.

Ann Marie Yakymac, MA, CCC/SLP

Date Dictated:	02/05/01
Date Transcribed:	02/07/01
Transcribed By:	bss
Job #:	0793

PATIENT

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Allison
Alison Long
Adm: 10-25-00
MR # 187-70-5138
Pt Acct # 526304

OUTPATIENT SPEECH THERAPY

THERAPIST amyatkinac CODE # 309
THERAPIST A Zolnak CODE # 309
THERAPIST _____ CODE # _____

HOSPITAL - 215 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE							10/25		10/26		10/27	
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92506							5	309		
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	PROCEDURES											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507					CX -				4	309
5302	Therapy (Group)	92508					schedule					
5307	Devel Test (Ltd)	96110					conflict					
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

10/27/00 Alison intaked outpatient services 10/26 per physician's order. formal + informal testing was conducted. Please refer to outpatient PSC dated 10/26 and 10/27

amyatkinac MA CCC/SP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

THERAPIST Amy Kilgmen CODE # 309
THERAPIST W Zoldak CODE # 309
THERAPIST D. Gano CODE # 309

[illegible] MEDICAID
[illegible] DR. PATEL, RAK
MEDICAL REC 187705138

HOSPITAL (215) BEDFORD - 887 CLINIC #8 - 888 OTHER - _____ Alison Long

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			10/30		10/31							
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	PROCEDURE											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	4	309	4	309						
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

10/31/00 Please refer to note written 11/03
Amy Kilgmen MACCCSLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

THERAPIST Mullaly MA CODE # 309
THERAPIST _____ CODE # _____
THERAPIST _____ CODE # _____

HOSPITAL (215) BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

PAT [redacted] 526304
DOB [redacted]
SEX [redacted] MEDICAID
10/[redacted]00 DR: PATEL, RAK
MEDICAL REC# 7705138

DATES OF SERVICE							11/01		11/02			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	TREATMENT											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507					CX -		CX -			
5302	Therapy (Group)	92508					illness		Schedule			
5307	Devel Test (Ltd)	96110					(4)		Conflict			
5308	Devel Test (Ext) 1 hr	96111							(4)			
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

11-2-00
S: "Are we in Altoona now?" Pt. asked clinician while working on a word search.
O: Pt. attended 2 of 4 scheduled tx. sessions this week cancelling 2° to illness and a scheduling conflict involving another appointment. Therapy focused on: (1) TO ↑ organization Alison placed given words into specific categories with (60)% acc. (A) (2) TO ↑ sustained focus and problem solving, the pt. completed word searches w/ mod. (A) with (65)% acc. (3) TO ↑ processing for comprehension and retention, Alison responded to "wh" ques. w/ min (A) with 40% acc.
A: Pt. exhibits a gradual yet ongoing. She requires much re-direction to remain focused on tasks. She continually loses focus on tasks and asks clinician random ques. that do not relate to the task at hand. Whenever Alison continually asks the same ques., clinician directs her to remember the answer previously discussed. Alison remains Broca's w/ a little progression to TC.
P: Continue per POT + additional goals: (1) Once read a 2 sent. pt. Alison will answer "wh" ques. w/ mod. (A) (2) Alison will write a grammatically correct sentence given picture stimulus 5 min. (A) (Agent + action + object)
Wendy Zona BS SLP Assistant
Mullaly MA CCC/SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

THERAPIST A. Myakymac CODE # 309
THERAPIST W. Zolnak CODE # 309
THERAPIST D Bund CODE # 309

HOSPITAL - (215) BEDFORD - 887 CLINIC #8 - 888 OTHER - ____

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			11-6-00		11-7-00		11-8-00		11-9-00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	Evaluation											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	Procedures											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	CX-Dr's. Appt.		4	309	4	309	—	4		
5302	Therapy (Group)	92508							CX 2 to illness			
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

11-9-00
S "I like to do the word searches. They are fun."
O: Pt. attended 2 of 4 days of scheduled tx. this week, cancelling 2° to illness and a Dr's. appt. Therapy focused on: ① TO ↑ processing for comprehension and retention, Allison (A) recalled names of therapists with 30% acc. and (B) she responded to "wh" questions with min (A) with 45% acc. ② TO ↑ word finding skills, Alison placed given words into specific categories w/ 70% accuracy (I) ③ TO ↑ word finding skills, Alison completed word searches w/ mod. (A) with 70% acc.
A= Pt. gains are ongoing to a mild degree in the area of sustained attention to task for favored tasks. Alison requires re-direction back to task due to ↓ attention span for activities. Alison continually perseverates on the same questions asked of therapist during tx. "When do I leave? Do I have more therapy today? What time is it?" Clinician directs her to remember answer because it was previously discussed with her. Alison remains a Level IV & little functional gain within level. Prognostically, this is not good, as she has been here for months and medically stable.
P= Continue per POC.
Wendy Zolnak BS SLP Assistant
Angelymae MA CCC/SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

THERAPIST Ann Aigner CODE # 309
THERAPIST W Zolnek CODE # 309
THERAPIST _____ CODE # _____

MEDICAID
DR. PATEL, RAK
MEDICAL REC 187705138

HOSPITAL - 215 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____ Alison Long
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			11/3/00				11-15-00		11-16-00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	PROCEDURE											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	4	309			4	309	4	309		
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

11-16-00
S= "I am so tired." Pt's remarks when asked to do some writing.
O= Pt. attended 3 of 3 days of scheduled tx. this week. Therapy focused on: ① To ↑ sustained attention to task, Allison participated in one activity for 30 minutes requiring only one re-direction back to task. ② To ↑ processing for comprehension and retention, Alison: (A) recalled names of therapists w/ max (A) with 30% accuracy and (B) responded to "wh" questions with min (A) with 60% acc. ③ To ↑ Alison's immediate and short term memory, the pt. utilized external strategies (journal, calendar, clocks) to orientation with 40% acc.)
A= Alison's gains are gradual, yet ongoing. She requires increased processing time to answer ques's asked of her, and will often give answers one after the other to answer a ques. w/o taking the time to think of the correct one. Alison's attention to task improved this week, however it was for a preffered activity.
P= Continue per POT.
Wendy Zolnak BS SLP Assistant
Ann Aigner MA CCC-SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

525104

OUTPATIENT SPEECH THERAPY

THERAPIST Amyakumac CODE # 309
THERAPIST W.Zolnak CODE # 309
THERAPIST _____ CODE # _____

HOSPITAL - (215) BEDFORD - 887 CLINIC #8 - 888 OTHER - _____

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DR. PATEL, RAK
MEDICAL REC 187705138

DATES OF SERVICE			11-20-00				11-22-00		11-23-00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	TREATMENT											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	4	309			4	309	CX-Holiday			
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

11-23-00
S="I don't know about you, but I'm tired." Statement made by Alison while completing an activity. She then restated this six more times during tx. session.
O=Pt. attended 2 of 3 days of scheduled tx. this week cancelling 2° to a holiday and re-scheduling conflicts. Therapy focused on: (1) To ↑ speech intelligibility, specifically volume and projection, at sentence level in structured tasks, Alison completed one exercise (emphasizing tongue tip and base, speed, acc., and strength) c max. (A) and sustained /a/ 5 seconds, /i/ 2 seconds, and /u/ for 5 seconds. (2) To ↑ Organization for problem solving, Alison sequenced 4 ADL related steps c min. (A) with 78% acc. (3) To ↑ processing for comprehension and retention, Alison answered "wh" ques. c mod (A) after reading a 2 sent. ¶ w/ 60% acc. (4) To ↑ Alison's temporal orientation, she utilized external strategies (calendar, clock) to ↑ orientation to 45% acc.
A=Pt. gains are gradual. Pt. lost memory log book and to this date is unable to locate it. Another book will be started with patient. Alison still exhibits ↓ attention span for most activities, but will attend longer for preferred activities. Alison performed fairly with the one exercise. She is exhibiting difficulty with sustaining the aforementioned vowel sounds for any great length of time.
P=Continue per POT.
Wendy Zolnak COTA/L SLP Assistant
Amy Kumac MA CCC/SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

THERAPIST A.M. Yakymec CODE # 309
THERAPIST W. Zolnak CODE # 309
THERAPIST _____ CODE # _____

HOSPITAL - 215 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DR. PATEL, RAK
REC 187705138

DATES OF SERVICE			11-27-00				11-29-00		11-30-00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	PROCEDURES											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	CX-ill				4	309	4	309		
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

11-30-00
S= "What am I in now? I only know of Physical therapy and occupational." Statement made by pt. while completing memory book task that asked what therapy she was currently in.
O= Pt. attended 2 of 3 days of scheduled tx. Therapy focused on: (1) TO ↑ speech intelligibility at sentence level in structured tasks. Alison imitated polysyllabic words using a slow, overexaggerated articulatory approach c max (A) and she sustained /a/ 5 seconds, /i/ 4 seconds, and /u/ 7 seconds (Ø Δ, ↑ 4% and ↑ 2% respectively.) (2.) TO ↑ semantic access and word fluency. Alison defined words with mod (A) with 45% acc. (3.) TO ↑ processing for comprehension and retention. Alison recalled names of therapists c max (A) c 66% acc and responded to "wh" ques. c min (A) c 75% acc. (4.) TO ↑ organization for problem solving. She sequenced 4 ADL related steps c min (A) w/ 75% acc. (Δ ↓ 3%) (5.) TO ↑ processing for comprehension and retention. Alison began working w/ a new memory log c max (A).
A= Pt. gains are gradual. A new memory log was started with Alison to replace the one that was lost. Pt's overall performance in sequencing 4 ADL steps ↓ this week, partly due to Alison continually stating how tired she was and that her hand hurt from writing while completing this task. Alison had some difficulty with defining basic level words, and once some of the words were defined for her, she still seemed not to understand what they meant, so they were explained again.
P= Continue per POT
Wendy Zolnak ESS SLP Assistant
Amy Yakymec MA CCC

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

Alison Long

OUTPATIENT SPEECH THERAPY

THERAPIST Amyatkymac CODE # 309
THERAPIST W Polnak CODE # 309
THERAPIST _____ CODE # _____

HOSPITAL - 215 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			12-4-00				12-6-00		12-7-00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	PROCEDURES											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	4	309			4	309	CX - transportation problems			
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

12-7-00
S: "I'll try to remember to bring it tomorrow." Pt's remark when asked where her memory book was. Pt did not bring it to therapy one day this week, and left it behind in OT another day (did not take it home.) Pt. continues to display difficulties with memory.
O: Pt. attended 2 of 3 days of scheduled tx. this week. Therapy focused on: (1) TO ↑ speech intelligibility at sentence level in structured tasks, Alison imitated polysyllabic words using a slow, overexaggerated articulatory approach c max (A), she sustained /a/ 5 seconds, /i/ 6 seconds, and /u/ 7 seconds, and Alison glided /o/ from normal tone to high (c model & max (A)) with a 5 note range. (2) TO ↑ processing for comprehension and retention, the pt. recalled names of therapists c max (A) c 50% acc., and responded to "wh" ques. c min (A) c 80% acc. (3) TO ↑ organization for problem solving. Alison sequenced 4 ADL related steps c min (A) with 80% acc. (↑ 15%) (4) TOT ↑ processing for comprehension and retention, she utilized her memory log, clock and calendar to orientation with 60% acc.
A: Pt. gains are gradual. Alison continues to exhibit difficulty recalling information previously presented to her. Alison also has some difficulty with sustaining attention to task, and requires much re-direction to get back to task. Alison continually asks therapist the same ques. over and over through out tx. sessions regarding how much time is left, what therapy she has next, what is her next therapist's name, etc. Clinician directs Alison to use memory book, or to attempt to recall the answers to these ques. due to the fact that it was just discussed with her.
P: Continue per POT.
Wendy Zolnak BA SLP Assistant
Amy Atkymac MA CCC/SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

THERAPIST Amy Kumar CODE # 309
THERAPIST [illegible] CODE # 309
THERAPIST _____ CODE # _____

HOSPITAL - 215 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			12-11-00				12-13-00		12-14-00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	PROCEDURES											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	4	309			4	309	CX			
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										
	family Meeting						2	NC				

12-14-00
S= "I don't know why I forget your name." Remark made by pt. to clinician, when asked to recall therapist's names.
O= Pt. attended 2 of 3 days of scheduled tx. this week, cancelling one session 2° to inclement weather. Therapy focused on: ① To ↑ speech intelligibility at sentence level in structured tasks, Alison imitated polysyllabic words using a slow, overexaggerated articulatory approach c max (A), and she sustained /a/ 6 seconds, /i/ 6 seconds, and /u/ for 7 seconds. ② To ↑ processing for comprehension and retention, the pt. recalled names of therapists c max (A) with 70% acc. (Δ ↑ 20%) ③ To ↑ organization for problem solving, the pt. sequenced 4 ADL related steps with min (A) with 85% acc. (Δ ↑ 5%) ④ To ↑ processing for comprehension and retention Alison utilized her memory log, clock, and calendar to orientation with 60% acc. (Ø Δ)
A= Pt. gains are gradual. Alison did improve in her ability to recall the names of her therapists and which therapy they provide, this week. She only required moderate cues to aid in recalling OT, and that therapist's name. Alison requires much cueing to use her memory book, and to refer to it when she asks a question. With cueing, she is able to properly use the book.
P= Continue per POT.
Wendy Colnar BS SLP Assistant Amy Kumar MS CCC/SLP
12-14-00 STG were revised. In reference to above, Behavioral objective # 1 is d/c. Please add following goals to POC:
① Alison will read 2 sent # and answer "WH" c 75% (I)
② Alison will compare & contrast basic, concrete items c 75% (I)
③ Alison will categorize concrete items c 75% (I)
④ ↑ sustained attention to [illegible]

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

THERAPIST A Myakymac CODE # 309
THERAPIST W. Zolnak CODE # 309
THERAPIST _____ CODE # _____

HOSPITAL (215) BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

Alison Loney

DATES OF SERVICE			12-18-00				12-20-00		12/21/00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATIONS											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	PROCEDURES											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	4	309			4	309	4	309		
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

12/19/00 Ao F/U to the family meeting conducted last week, I contacted Alison's school district with questions and recommendations. I spoke w Lynne Lesnak, Mosbannon Valley Middle school, School psychologist. I provided a brief update on Alison's status and voiced the recommendation of MVSD pursuing a comprehensive MOE + eventual placement in an all day structured, life skills classroom setting. MS Lesnak stated that she would initiate paperwork.

— amy katyma MA CCC-SLP —

12-21-00

S: "I'm so tired, I don't know why": Pt. continually made this remark throughout tx. session.

O: Pt. attended 3 of 3 days of scheduled tx. Therapy focused on: (1) TO ↑ processing for comprehension and retention. Alison utilized her memory log, clock, and calendar to orientation with 63% acc. (13%) (2) TO ↑ semantic access and word fluency, pt. defined words with min. (A) with 50% acc. (3) TO ↑ processing for comprehension/retention, the pt. answered "wh" ques. c min (A) after reading a 2 sentence P with 70% acc. (4) TO improve verbal expression, specifically word finding. Alison compared and contrasted basic concrete items with 65% acc. (baseline)

A: Pt. gains are gradual. Alison continues to forget and misplace her memory log. It has been discussed w/ pt. and her mother its importance and why and for them to attempt to remember & utilize it. Alison's attention to task is still poor, she becomes off topic very easily while working to complete tasks, this having a ↓ effect on her performance.

P: Continue per POT

Wendy Zolnak BS SLP Assistant — amy katyma MA CCC-SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

THERAPIST Amy Kymac CODE # 309
THERAPIST W. Zolnak CODE # 309
THERAPIST _____ CODE # _____

MEDICAL REC# 187705138

HOSPITAL (215) BEDFORD - 887 CLINIC #8 - 888 OTHER - _____ Alison Long

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DATES OF SERVICE			12-25-00				12-27-00		12-28-00			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATIONS											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	PROCEDURES											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	CX-Holiday				4	309	4	309		
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

12-28-00
S: "Do you have my book?" Remark made by pt. when she left her memory book in the facility from the previous day, to clinician to see if it had been found.
O: Pt. attended 2 of 3 days of scheduled tx. cancelling 2° to a holiday and re-scheduling conflicts. Therapy focused on: (1.) To ↑ processing for comprehension and retention, Alison used her memory log, calendar, and clock to orientation with (60% acc. (6↓3%), and she answered "wh" ques. [mod (A) after reading a 2 sentence. P with 75% acc. (Δ ↑5%) (2) To improve verbal expression, specifically word finding, she compared and contrasted basic concrete items with 68% acc. (Δ ↑3%), and she categorized concrete items with 68% acc. (3) To ↑ semantic access and word fluency, Alison defined words with min (A) with 50% acc. (no Δ.) (4) Max. sustained attention to task - 8 minutes.
A: Pt. gains are gradual. Alison and her mother were again reminded of the importance of the memory log and to use it and bring it to therapy. Alison made some improvements in reading P's and answering "wh" questions this week. Alison still exhibits ↓ attention to task, and becomes off topic quite easily. Her performance on defining words and compare / contrast may have been ↓ due to unfamiliar vocabulary.
P: Continue per POT.
Wendy Zolnak BS SLP Assistant
Amy Kymac MA CCC/SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

THERAPIST Ayakymac CODE # 309
THERAPIST W. Zolnak CODE # 309
THERAPIST _____ CODE # _____

HOSPITAL - (215) BEDFORD - 887 CLINIC #8 - 888 OTHER - _____

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

Alison Long

DATES OF SERVICE			1-1-01				1-3-01		1-4-01			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	PROCEDURE											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	CX-holiday				4	309	4	309		
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

1-4-01
S: "Do I have to bring this every time I come?" Pt's remark to clinician regarding her memory log book. Clinician reminded pt. that she should be utilizing it throughout her day.
O: Pt. attended 2 of 3 days of scheduled tx this week, cancelling 2° to a holiday. Therapy addressed: (1) To ↑ processing for comprehension and retention. Alison used her memory log, calendar, and clock to orientation with (c) 5% acc. (Δ ↑ 5%), and (b) she answered "wh" ques. Emod. (A) after reading a 2 sentence ₱ with 75% acc. (Ø Δ.) To improve verbal expression specifically word finding. She compared and contrasted basic concrete items with 70% acc. (Δ ↑ 2%) (3) To ↑ semantic access and word fluency, the pt. defined words with min. (A) with (c) 0% acc. (Δ ↑ 10%) (4) max (b) sustained attention to task was 8-5 minutes.
A: Pt. gains are gradual - Alison continues to very easily become off topic, and has difficulty getting back to task without several re-directions by clinician. Alison's performance in word defining improved this week in part due to using vocabulary more familiar to Alison. The memory log was again discussed with Alison and her mother and its importance to be utilized throughout the day.
P: Continue per POT.
Wendy Zolnak BS SLPA assistant
Amy Yakymac MA CCC-SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

526304

OUTPATIENT SPEECH THERAPY

THERAPIST Amyakyrac CODE # 309
THERAPIST [illegible] CODE # 309
THERAPIST _____ CODE # _____

HOSPITAL - 215 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

Alison Long

DATES OF SERVICE			1-08-01				1-10-01		1-11-01			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	TREATMENT											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	4	309			4	309	CX - Illness			
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

1-11-01
S: "I like reading these paragraphs." Statement made by pt. while reading paragraphs and answering WH ques.
O: Pt. attended 2 of 3 days of scheduled tx. this week, cancelling 2° to illness. Therapy focused on: (1) To ↑ processing for comprehension and retention. Alison used her memory log, clock, and calendar to orientation with (a) 5% acc. (no Δ), and the pt. answered "wh" questions c mod. (A) after reading a 2 sentence ¶ with 80% acc. (Δ↑5%.) (2) To improve verbal expression, specifically word finding. Alison compared and contrasted basic concrete items with 80% acc. (Δ↑10%.) (3) To ↑ semantic access and word fluency. Alison defined words with min (A) with 65% acc. (Δ↑5%.) (4) Max. sustained attention to task was 11 minutes.
A: Pt. gains are ongoing and gradual. Alison made very good improvements in comparing/contrasting items due in part to her being focused on the task and paying attention to it. Alison did very well this week in remembering her memory log and remembering to use it without having to be cued by clinician to look in it to help her answer ques. She used it independently, but still required (A) is stating correct answers to ques.
P: Continue per POT.
Memory strategy, SLP treatment
Alison Long MA CCC-SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

526309

THERAPIST A Myakymac CODE # 309
THERAPIST W. Jaldak CODE # 309
THERAPIST _____ CODE # _____

HOSPITAL - 215 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

Alison Long

DATES OF SERVICE			1-15-01				1-17-01		1-18-01			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	98105										
	TREATMENT											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	4	309			CX		4	309		
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

1-18-01
S: "I can't remember where the pieces are at." Statement made by pt. while playing the Memory Card game.
O: Pt. attended 2 of 3 days of scheduled treatment this week. Therapy focused on: (1) TCH processing for comprehension and retention. Alison utilized her memory log book, calendar and clock to orientation with 78% acc. (Δ↑3%) and Alison answered "wh" questions Emod. (A) after reading a 2 sentence ↑ with 80% acc. (no S). (2) To improve verbal expression specifically word finding, Alison compared / contrasted basic concrete items with 83% acc. (Δ↑3%). (3) max. sustained attention to task was 10 minutes. (4) To aid in improving attention to task / concentration Alison participated in the memory card game with clinician.
A: Pt. gains are gradual. Alison's attention to task was a factor in her memory game performance. After clinician would pick up a card and turn it over, Alison would find the mate on her next turn and not be able to recall that clinician had just flipped the mate over. Alison did make some gains toward her other goals.
P: Continue per POT.
Wendy Jaldak BS SLP Assistant
Amy Myakymac MA CCC SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

THERAPIST Amyakumac CODE # 309
THERAPIST W. Zolnak CODE # 309
THERAPIST _____ CODE # _____

HOSPITAL - (215) BEDFORD - 887 CLINIC #8 - 888 OTHER - _____

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

Alison Long

DATES OF SERVICE			1-22-01				1-24-01		1-25-01			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92508										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	TREATMENT											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	4	309			4	309	4	309		
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

1-25-01
S= "I don't like to pay attention, I like to go where I want to go - where my mind takes me." Pt's remark when asked to attend to a task and not just "blurt" out incorrect responses to a ques. Pt error wz 1-25-01
O= Pt. attended 3 of 3 days of scheduled tx this week. Therapy focused on: (1.) To ↑ processing for comprehension and retention, the pt. utilized her memory log book, calendar, and clock to orientation with 70% acc. (Δ ↑ 2%) and c she answered "wh" ques. Emod (A) after reading a 2 sentence ₱ with 84% acc. (Δ ↑ 4%) (2.) To increase verbal expression, specifically word finding, Alison compared/contrasted basic concrete items with 84% acc. (Δ ↑ 10%) and defined words with 70% acc. (3.) Maximum sustained attention to task/concentration was 8 minutes (↓ 2 minutes). (4.) To aid in improving attention to task, she participated in the memory card game with clinician, and in a game of Guesstures.
A= Pt's gains are gradual yet ongoing. Alison displayed ↓ attention for all activities of therapy this week. She had difficulty staying focused and difficulty with "laughing" spells during tx. She would begin to laugh, and would not stop for 5-10 minutes. This negatively impacted her performance.
P= Continue per POT, with D/C set for 2/11/01.
Wendy Zolnak BS SLP Assistant
Amy Yakumac MA CCC/SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

THERAPIST W. Zolnak CODE # 309
THERAPIST A. Myakymac CODE # 309
THERAPIST _____ CODE # _____

HOSPITAL - 215 BEDFORD - 887 CLINIC #8 - 888 OTHER - _____

REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

Alison Long

DATES OF SERVICE			1-29-01				1-31-01					
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	EVALUATION											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	PROCEDURE											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507	4	309			4	309				
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	98110										
5308	Devel Test (Ext) 1 hr	98111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

1-31-01
Please refer to weekly update 2-1-01.
Wendy Zolnak BS SLP Assistant
Amy Myakymac MA CCC-SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH
Rehabilitation Hospital of Altoona

OUTPATIENT SPEECH THERAPY

THERAPIST A Myakynac CODE # 309
THERAPIST W. Zolnak CODE # 309
THERAPIST _____ CODE # _____

HOSPITAL (215) BEDFORD - 887 CLINIC #8 - 888 OTHER - _____
REGENCY SQUARE - 881 TYRONE - 882 RICHLAND - 883 EBENSBURG - 884 DUNCANSVILLE - 885 MEADOWBROOK - 886

DR. PATEL
MEDICAL REC 187705138

Alison Long

DATES OF SERVICE									2-1-01			
CODE	DESCRIPTION	CPT Code	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
	Evaluations											
5300	Evaluation	92506										
5350	Evaluation	92506										
5351	Dysphasia Evaluation	92525										
5352	Assess - Aphasia 1 hr	96105										
	Treatments											
5301	Dysphasia TX	92526										
5304	Therapy (Individual)	92507							4	309		
5302	Therapy (Group)	92508										
5307	Devel Test (Ltd)	96110										
5308	Devel Test (Ext) 1 hr	96111										
5309	Videofluoroscopy	92525										
5310	Dev of Cognitive Skills 1/4 hr	97770										

2-1-01
Please refer to d/c summary dated 2-1-01.
Wendy Zolnak BS SLP Assistant
A Myakynac MA CCC/SLP

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

HEALTHSOUTH

OUTPATIENT BEHAVIORAL MEDICINE

THERAPIST T. Thompson, MA CODE # 812
THERAPIST _____ CODE # _____
THERAPIST _____ CODE # _____

HOSPITAL - 295

CUMBERLAND - 880 REGENCY SQUARE - 881 TIPTON - 882 ORTHO CLINIC - 883 OTHER - _____

MEDICAL REC 18770513

DATES OF SERVICE						12/13/00					
CODE	DESCRIPTION	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #	UNITS	THERP #
5400	Initial Pysch Assessment										
5400	Neuropsych Eval										
5401	Individual Psych Therapy										
5401	Cognitive Retraining										
5401	Collateral Therapy										
5401	Family Therapy										
5402	Family Conference					5	812				
5403	Professional Services					NON-BILL					
5404	MMPI										
5405	Neuro Testing										
5405	McGill Pain Questionaire										
5406	Group Therapy										
5407	Biofeedback										
5408	Deposition										
5409	Preparation Time										
	Other										

12/13/00 I attended this pt's family meeting as coordinator of the CRE program. The pt's family, and mother in particular, are having some difficulty adjusting to the permanent changes of brain injury. Support was provided in addition to education regarding CHI and recovery.

The family was encouraged to work with the pt's school and her therapists to provide for her needs and protect her as much as possible. The family is considering a small private school, but they have been encouraged to take advantage of all the opportunities afforded to them by the public school system. They are aware that they may contact me at any time in the future if necessary.

T. Thompson, MA

KEYS: NS - NO SHOW CX - CANCEL R - REFUSED D - D/C OH - ON HOLD

PRESS FIRMLY

R - 2/12/01 p.1

NICHOLAS, PEROT, STRAUSS & KOEHLER

A PROFESSIONAL CORPORATION

ATTORNEYS & COUNSELORS AT LAW

2527 WEST 26TH STREET

ERIE, PENNSYLVANIA 16506

(814) 833-8851 FAX (814) 835-4632

JOHN E. NICHOLAS *+
LAWRENCE A. PEROT*
LAWRENCE J. STRAUSS*
MICHAEL J. KOEHLER+

JAMES M. MALOY*
SANTO A. CAMPANELLA*
DANIEL T. SMITH *
ALAN P. McCRACKEN*
KRIS E. LAWRENCE*
MICHAEL J. WELCH*
ERIC P. SMITH*
THOMAS P. WALL, II+
BRYAN D. FIFE+
JEFFREY K. MONCHER*
EDWARD J. DINKI*
KRISTINE M. ARTELLO+>
MICHAEL R. ZOSH*
JUSTIN C. BARTH*
CRAIG H. BERNHARDT*

RONALD R. GILBERT+
of Counsel

SAL ALESSI
Claims Specialist

MICHAEL J. KOEHLER
MANAGING PARTNER
THOMAS P. WALL, II
BRYAN D. FIFE
KRISTINE M. ARTELLO
ERIE OFFICE

OFFICES:
ERIE, WARREN, BRADFORD
CORRY, CONNEAUT LAKE
& NORTH EAST

NEW YORK OFFICES:
BUFFALO, ROCHESTER
SYRACUSE & UTICA

*Admitted in NY
+Admitted in PA
^Admitted in MI
> Admitted in OH

February 5, 2001

Healthsouth
Attn: Medical Records
2005 Valley View Blvd.
Altoona, PA 16602

Re: Alison Long
DOB: 9/19/87
DOA: 7/9/00

Dear Sir/Madam:

Please be advised that this office has been retained by Kenneth and Kathie Long to represent them with regard to injuries their daughter Alison Long sustained in a motor vehicle accident on July 9, 2000. Enclosed please find an Authorization allowing us to obtain **a complete copy of medical records for the treatment rendered to Alison Long**. We would be happy to pay any reasonable photocopying expense. Your time and consideration with regard to this request is greatly appreciated.

Very truly yours,

Michael J. Koehler, Esq.

MJK/asp
Enclosure
cc: Kenneth & Kathie Long

2-14-01

R - 4121017.1

NICHOLAS, PEROT, STRAUSS & KOEHLER
A PROFESSIONAL CORPORATION
ATTORNEYS & COUNSELORS AT LAW
2527 WEST 26TH STREET
ERIE, PENNSYLVANIA 16506
(814) 833-8851 FAX (814) 835-4632

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MICHAEL J. KOEHLER
MANAGING PARTNER
THOMAS P. WALL, II
BRYAN D. FIFE
KRISTINE M. ARTELLO
ERIE OFFICE

OFFICES:
ERIE, WARREN, BRADFORD
CORRY, CONNEAUT LAKE
& NORTH EAST

NEW YORK OFFICES:

Smith

There was shutdown on the laptop + this is the rest of the chart for Alison Long.

Attn: Medical Records
2005 Valley View Blvd.
Altoona, PA 16602

Re: Alison Long # 18270315J
DOB: 9/19/87
DOA: 7/9/00

Dear Sir/Madam:

Please be advised that this office has been retained by Kenneth and Kathie Long to represent them with regard to injuries their daughter Alison Long sustained in a motor vehicle accident on July 9, 2000. Enclosed please find an Authorization allowing us to obtain **a complete copy of medical records for the treatment rendered to Alison Long**. We would be happy to pay any reasonable photocopying expense. Your time and consideration with regard to this request is greatly appreciated.

Very truly yours,

Michael J. Koehler, Esq.

MJK/asp
Enclosure
cc: Kenneth & Kathie Long

Smith Long 2-14-01

Revised

OUTPATIENT ADMISSION SHEET

HEALTHSOUTH OF ALTOONA
2005 VALLEY VIEW BLVD
ALTOONA PA 16602

SEE DATE: 10-26-00
REG TIME: 08:33
MED REC #: 187705138
PAT ACCT #: 526304
DEPTS: PT OT SP

PATIENT

ALISON M LONG
PO BOX 292
MADERA PA 16661
814-378-6284
SP:

FEMALE 09-19-87 13 187-70-5138
SINGLE WHITE NON-SMOKER PRIOR STAY:
CATHOLIC

PS ID:

PM:

DIAGNOSIS

ADMIT DX: SEVERE MR

FINAL DX:

PROCEDURES:

PHYSICIAN

F: GIANOPOULOS, PATRICK
R: PATEL, RAKESH R.
A: PATEL, RAKESH R.

(PHYSICIAN SIGNATURE) (DATE)

PATIENT EMPLOYER	NEAREST RELATIVE	EMERGENCY NOTIFY
STUDENT	KATHY LONG MOTHER PO BOX 292 MADERA PA 16661 814-378-6284	KENNETH LONG FATHER PO BOX 292 MADERA PA 16661 814-378-6284

GUARANTOR	GUARANTOR EMPLOYER	FINANCIAL CLASS
LONG, ALISON PO BOX 292 MADERA PA 16661 814-378-6284 CHILD	UNKNOWN	BLUE CROSS ONSET DATE: 07-09-00 ACC DATE: TYPE ACC: ADM SOURCE: PHY REFERRAL HOSP SERVS: OBD

PRIMARY INSURANCE	SECONDARY INSURANCE	TERTIARY INSURANCE
BLUE CROSS 363 5TH AVE PLACE PITTSBURGH PA 15222 BLUE CROSS OF WESTERN PA	BLUE CROSS 363 5TH AVE PLACE PITTSBURGH PA 15222 BLUE CROSS OF WESTER N PA 800-252-0514	MEDICAID PO BOX 8297 HARRISBURG PA 1710 OFFICE OF MEDICAL ASSIST
GROUP-POLICY-CLAIM	GROUP-POLICY-CLAIM	GROUP-POLICY-CLAIM
058741-40 187705138	051314-00 202484560	380150679

ORE PROGRAM PT OT SP
AMM AUTO INS EXHAUSTED
REFERRAL TAKEN ON 10/20/2000

I VERIFY THAT ALL ABOVE INFORMATION CONCERNING ALISON M LONG IS ACCURA

DATE: _____ SIGNATURE: _____ WITNESS: _____

INPATIENT ADMISSION SHEET

HEALTHSOUTH OF ALTOONA
2005 VALLEY VIEW BLVD
ALTOONA PA 16602

ROOM-BED: 210 -D
MED REC#: 187705138
PAT ACCT#: 198131
ADM-DATE: 10-21-00 7:28
ACCOM CODE: S
D/SCH DATE: 10/25/00

PATIENT

ISON M LONG
BOX 292
DERA PA 16661
-378-6284

FEMALE 09-19-87 13 187-70-5138
SINGLE WHITE NON-SMOKER PRIOR STAY:
CATHOLIC
CHILDREN'S INSTITUTE 7-28-00 10-21-00
PS ID:
PM:

DIAGNOSIS

IT DX: SEVERE CHI
L DX:
CEDURES

PHYSICIAN

F: LESNOVAN, MARY
: CHORAZY, ANNA DR
A: PATEL, RAKESH R.

(PHYSICIAN SIGNATURE) (DATE)

PATIENT EMPLOYER

DENT

NEAREST RELATIVE

KATHY LONG
MOTHER
PO BOX 292
MADERA PA 16661
814-378-6284

EMERGENCY NOTIFY

KENNETH LONG
FATHER
PO BOX 292
MADERA PA 16661
814-378-6284

GUARANTOR

G, KENNETH
BOX 292
ERA PA 16661
-378-6284
LD

GUARANTOR EMPLOYER

UNKNOWN

FINANCIAL CLASS

LITIGATION/AUTO/ATTO
ONSET DATE: 07-09-00
ACC DATE: 07-09-00
TYPE ACC: AUTO ACC
ADM SOURCE: TRANSFER HOSP
HOSP SERV: SIP

PRIMARY INSURANCE

E INSURANCE CO
ERIE INS PLACE
E PA 16530

SECONDARY INSURANCE

PLUMBERS & PIPE FITTERS
5 HOT METAL STREET
PITTSBURGH PA 15203
LOCAL 354 SUITE 200
412-321-3303

TERTIARY INSURANCE

MEDICAID
PO BOX 8150
HARRISBURG PA 17105
OFFICE OF MEDICAL ASSIST

GROUP-POLICY-CLAIM

110358899

GROUP-POLICY-CLAIM

51314-00
YYC202484560

GROUP-POLICY-CLAIM

88C1506779

OR CHORAZY 412-521-9000
ALL
REFERRAL-10-04-2000

I VERIFY THAT ALL ABOVE INFORMATION CONCERNING ALISON M LONG IS ACCURATE.

ATE: _____ SIGNATURE: _____ WITNESS: _____

RELATIONSHIP TO PATIENT: _____

"THE RIGHT OF THE HOSPITAL TO COMPLETE ORDERS/PRESCRIPTIONS GENERICALLY IN THE ABSENCE OF SPECIFIC INSTRUCTIONS TO THE CONTRARY FROM THE PHYSICIAN, IS RESERVED."

DATE	NOTE PROGRESS OF CASE, COMPLICATIONS, CONSULTATIONS, CHANGE IN DIAGNOSIS
10-21-00	PMR Admit Note H & P dictated John Vargo PA-C for Neuman

DATE	PHYSICIAN'S ORDERS MEDICATION - DIET - TREATMENTS
10/21/00	PT/OT/ST Iron (Chewable) 1 po QD Centrum 1 po QD Protonix changed to Pepcid 20mg PO BID Xylocaine 2% Jelly to Foley BID Tylenol 650mg q 4° prn Restoril 30mg q 6° prn Dramamine Chewable 50mg crushed ½ hr ā boy prior + 1 hr + ā return trip Encourage po fluids 450-500cc per shift F/u Dr. Miller 2 weeks ā d/c F/u Dr. Karlbrenner 2 weeks ā d/c Triple Abx ointment to G-tube site TID C+S Nares & Throat (Hx of MRSA) V/O Dr. Neuman John Vargo PA-C 10/21 10/21/00 1640 Christie R Vargo RN

PATIENT ACCT 148151
LONG, ALISON M.
09/19/81 F 19
ESIE INS SIP
2[illegible] 10/21/00 [illegible]
[illegible]ICAL RECIPIENT[illegible]

Patel

3PA-65

HEALTHSOUTH
Rehabilitation Hospital of Altoona

PROGRESS AND ORDER RECORD

ALLERGIC TO:	NONE	ASPIRIN	SULFA	PENICILLIN	OTHERS SPECIFY BELOW:

PROVISIONAL:
DIAGNOSIS

"THE RIGHT OF THE HOSPITAL TO COMPLETE ORDERS/PRESCRIPTIONS GENERICALLY IN THE ABSENCE OF SPECIFIC INSTRUCTIONS TO THE CONTRARY FROM THE PHYSICIAN, IS RESERVED."

DATE	NOTE PROGRESS OF CASE, COMPLICATIONS, CONSULTATIONS, CHANGE IN DIAGNOSIS

DATE	PHYSICIAN'S ORDERS MEDICATION - DIET - TREATMENTS
10/21/00	Ambien 5mg @ HS. may repeat x1 (may have @ least 4 hrs btwn) Start Ritalin 10mg @ lunch noon- start tomorrow. Zantac 150mg BID PO
10/21/00	Please use AFO's @ night
10/21/00	Alternate D hand band- elbow extension splints @ night
	10/21/00 2030 Christie R Vaughn
	1 Rx'd 10-22-00

PATIENT ACCT 198131
LONG, ALISON V.
09/19/37 F 11
E-11 163 SIP
21 10/21/00 3 Posted
MEDICAL REC 8705132

HEALTHSOUTH
Rehabilitation Hospital of Altoona

PROGRESS AND ORDER RECORD

ALLERGIC TO:	NONE	ASPIRIN	SULFA	PENICILLIN	OTHERS SPECIFY BELOW:

PROVISIONAL:
DIAGNOSIS

GPA-65

"THE RIGHT OF THE HOSPITAL TO COMPLETE ORDERS/PRESCRIPTIONS GENERICALLY IN THE ABSENCE OF SPECIFIC INSTRUCTIONS TO THE CONTRARY FROM THE PHYSICIAN, IS RESERVED."

DATE	NOTE PROGRESS OF CASE, COMPLICATIONS, CONSULTATIONS, CHANGE IN DIAGNOSIS	DATE	PHYSICIAN'S ORDERS MEDICATION - DIET - TREATMENTS
10/22/00	Amb: ofob VSSIAF Awake/alert/Pleasant Impatient - wanting to stand & D/C cath w/c. Not cld tol well from night not counted to yr/day. Father now only com- ment to DNS. COC, 760 D. LCTA Cor RRR Abd soft/NT EXT edema. Homans SLP MVA ECHE → SBBC Cog deficits PT Floyd cavity midmidly, impair mem / Cont plan generalized / Labs D Agree i/d Pace	10/22/00	10/22/00 Call about OBC, 760 this am. 10/23/00 10/22/00 1020 10 10/22/00 1020 14 10/23/00 01 Have Hosp Rx today Homans 10/23/00

PATIENT ACCT 198131
LONG, ALISON M.
09/19/37 F 13
EPIC IRS AIP
21 10/21/00 20 HUMAN
MEDICAL REC 18705130

HEALTHSOUTH
Rehabilitation Hospital of Altoona

PROGRESS AND ORDER RECORD

ALLERGIC TO:	NONE	ASPIRIN	SULFA	PENICILLIN	OTHERS SPECIFY BELOW:
	✓				

PROVISIONAL: DIAGNOSIS

3PA-65

"THE RIGHT OF THE HOSPITAL TO COMPLETE ORDERS/PRESCRIPTIONS GENERICALLY IN THE ABSENCE OF SPECIFIC INSTRUCTIONS TO THE CONTRARY FROM THE PHYSICIAN, IS RESERVED."

DATE	NOTE PROGRESS OF CASE, COMPLICATIONS, CONSULTATIONS, CHANGE IN DIAGNOSIS	DATE	PHYSICIAN'S ORDERS MEDICATION - DIET - TREATMENTS
10/22	Pt perseverative today repeats mannerisms Unable to determine if Ritalin helps due to parent not here today Mom wishes to take home I feel safety issues if pulsivity need to be addressed - They have had her on a weekend but not for an extended period and my concern is fatigue of caretakers I would like to see a better support c/ some respite care, ie is there a day care program for her to attend? Labs reviewed		

PATIENT ACCT [illegible]
[illegible], ALISON M.
09/19/87 F 13
EMIE [illegible] SIP
21 10/21/00 DR. [illegible]
MEDICAL REC [illegible]

GPA-65

HEALTHSOUTH
Rehabilitation Hospital of Altoona
PROGRESS AND ORDER RECORD

ALLERGIC TO:	NONE	ASPIRIN	SULFA	PENICILLIN	OTHERS SPECIFY BELOW:
	✓				

PROVISIONAL:
DIAGNOSIS

"THE RIGHT OF THE HOSPITAL TO COMPLETE ORDERS/PRESCRIPTIONS GENERICALLY IN THE ABSENCE OF SPECIFIC INSTRUCTIONS TO THE CONTRARY FROM THE PHYSICIAN, IS RESERVED."

DATE	NOTE PROGRESS OF CASE, COMPLICATIONS, CONSULTATIONS, CHANGE IN DIAGNOSIS	DATE	PHYSICIAN'S ORDERS MEDICATION - DIET - TREATMENTS
10/23/00	PM&R Note Seen/examined Vitals: stable ϕ complaints ϕ edema & chest pn ϕ SOB ϕ wound drsg ⊕ Dysmetria & Dysarthria H: Rm L: OTCs Abd: soft EXT: ϕ edema ⊕ significant Cog deficits per nsg ⊕ impulsivity ⊕ safety deficits ϕ new issues pt./family agree to go home pt. & significant Cog deficits will arrange for outpt therapies Day Treatment/CRE program Per	10/23/00	D/C home today Per
		10/23/00	F/U c Dr. Patel 1- 2 weeks F/U c Dr. Flanik in 1-2 weeks Per
		10/23/00	Teach family use of orthotic devices Per

PATIENT ACCT 198131
LONG, ALISON T.
09/19/37 F 63
ADM 10/5/00
DIS 10/23/00
MEDICAL RECORD 105188

HEALTHSOUTH
Rehabilitation Hospital of Altoona

PROGRESS AND ORDER RECORD

ALLERGIC TO:	NONE	ASPIRIN	SULFA	PENICILLIN	OTHERS SPECIFY BELOW:
	/				

PROVISIONAL: DIAGNOSIS

3PA-65

HEALTHSOUTH.

INPATIENT THERAPY

DATES OF SERVICE														10/22/00	
CODE	DESCRIPTION	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#
	Physical Therapy														
1001	Evaluation 1/4 HR														
1005	Functional Mobility/Gait Train 1/4 HR														
1006	Ther. Exercise & Train 1/4 HR													1	121
1008	Group Tx 1/4 HR													1	124
1011	Modality 1/4 HR														
1012	Whirlpool 1/4 HR														
1013	Orthotics 1/4 HR														
1014	Equipment Intervention/Tx 1/4 HR														
1015	Aquatic Therapy 1/4 HR														
1020	Co-Tx (Grp) 1/4 HR														
1021	Co-Tx (Ind) 1/4 HR														
1031	Patient/Family Train 1/4 HR														
1051	Community Reintegration 1/4 HR														
	Occupational Therapy													AM	
2001	Evaluation 1/4 HR														
2005	Ther. Exercise & Training 1/4 HR														
2006	ADL 1/4 HR													2	278
2008	Group Tx 1/4 HR														
2011	Modality 1/4 HR														
2013	Orthotics 1/4 HR														
2014	Equipment Intervention/Tx 1/4 HR														
2015	Aquatic Therapy 1/4 HR														
2020	Co-Tx (Grp) 1/4 HR														
2021	Co-Tx (Ind) 1/4 HR														
2031	Patient/Family Train 1/4 HR														
2051	Community Reintegration 1/4 HR														
	Speech														
3001	Evaluation 1/4 HR														
3002	Dysphagia Eval. 1/4 HR														
3005	Speech/Language Tx 1/4 HR														
3006	Dysphagia Tx 1/4 HR														
3007	Audiometric Screening 1/4 HR														
3008	Group Tx 1/4 HR														
3014	Equipment Intervention/Tx 1/4 HR														
3020	Co-Tx (Grp) 1/4 HR														
3021	Co-Tx (Ind) 1/4 HR														
3031	Patient/Family Train 1/4 HR														
3040	Video Fluoroscopy 1/4 HR														
3051	Community Reintegration 1/4 HR														
	Therapeutic Recreation														
5001	Evaluation 1/4 HR														
5005	TR Tx (Grp) 1/4 HR														
5006	TR Tx (Ind) 1/4 HR														
5020	Co-Tx (Grp) 1/4 HR														
5021	Co-Tx (Ind) 1/4 HR														
5031	Patient/Family Train 1/4 HR														
5051	Community Reintegration 1/4 HR														
	Psychology														
4001	Assessment														
4002	Testing														
4005	Psych. Tx (Ind.) (20-30 min)														
4006	Psych. Tx (Ind.) (45-50 min)														
4007	Biofeedback with Psychotherapy 1/4 HR														
4008	Group Psychotherapy 1/4 HR														
4031	Family Psychotherapy (-Pt) 1/4 HR														
4032	Family Psychotherapy (+Pt) 1/4 HR														

KEYS: N - NURSING OH - ON HOLD P - PROCEDURES S - ILLNESS R - REFUSED OS - OUTSIDE SERVICE D/C PATIENT DISCHARGED

HEALTHSOUTH.

INPATIENT THERAPY

DATES OF SERVICE		10-23													
CODE	DESCRIPTION	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#
	Physical Therapy	SBH	192												
1001	Evaluation 1/4 HR														
1005	Functional Mobility/Gait Train 1/4 HR	3	192												
1006	Ther. Exercise & Train 1/4 HR	~~3~~	~~192~~												
1008	Group Tx 1/4 HR	CBL & SBH 10/23/00													
1011	Modality 1/4 HR	+	192												
1012	Whirlpool 1/4 HR	CBL & SBH 10/23/00													
1013	Orthotics 1/4 HR														
1014	Equipment Intervention/Tx 1/4 HR														
1015	Aquatic Therapy 1/4 HR														
1020	Co-Tx (Grp) 1/4 HR	D/C													
1021	Co-Tx (Ind) 1/4 HR														
1031	Patient/Family Train 1/4 HR	in PM													
1051	Community Reintegration 1/4 HR														
	Occupational Therapy	DSM													
2001	Evaluation 1/4 HR														
2005	Ther. Exercise & Training 1/4 HR	4	201												
2006	ADL 1/4 HR														
2008	Group Tx 1/4 HR														
2011	Modality 1/4 HR														
2013	Orthotics 1/4 HR														
2014	Equipment Intervention/Tx 1/4 HR														
2015	Aquatic Therapy 1/4 HR														
2020	Co-Tx (Grp) 1/4 HR														
2021	Co-Tx (Ind) 1/4 HR														
2031	Patient/Family Train 1/4 HR														
2051	Community Reintegration 1/4 HR														
	Speech														
3001	Evaluation 1/4 HR														
3002	Dysphagia Eval. 1/4 HR														
3005	Speech/Language Tx 1/4 HR														
3006	Dysphagia Tx 1/4 HR														
3007	Audiometric Screening 1/4 HR	D/C													
3008	Group Tx 1/4 HR														
3014	Equipment Intervention/Tx 1/4 HR														
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3021	Co-Tx (Ind) 1/4 HR														
3031	Patient/Family Train 1/4 HR														
3040	Video Fluoroscopy 1/4 HR														
3051	Community Reintegration 1/4 HR														
	Therapeutic Recreation														
5001	Evaluation 1/4 HR														
5005	TR Tx (Grp) 1/4 HR														
5006	TR Tx (Ind) 1/4 HR														
5020	Co-Tx (Grp) 1/4 HR														
5021	Co-Tx (Ind) 1/4 HR														
5031	Patient/Family Train 1/4 HR														
5051	Community Reintegration 1/4 HR														
	Psychology														
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4005	Psych. Tx (Ind.) (20-30 min)														
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KEYS: N - NURSING OH - ON HOLD P - PROCEDURES S - ILLNESS R - REFUSED OS - OUTSIDE SERVICE D/C PATIENT DISCHARGED

HEALTHSOUTH.

INPATIENT THERAPY

DATES OF SERVICE												10/21/00			
CODE	DESCRIPTION	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#	UNITS	THERP.#
	Physical Therapy														
1001	Evaluation 1/4 HR											3	122		
1005	Functional Mobility/Gait Train 1/4 HR														
1006	Ther. Exercise & Train 1/4 HR														
1008	Group Tx 1/4 HR														
1011	Modality 1/4 HR														
1012	Whirlpool 1/4 HR														
1013	Orthotics 1/4 HR														
1014	Equipment Intervention/Tx 1/4 HR														
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1020	Co-Tx (Grp) 1/4 HR														
1021	Co-Tx (Ind) 1/4 HR														
1031	Patient/Family Train 1/4 HR														
1051	Community Reintegration 1/4 HR														
	Occupational Therapy														
2001	Evaluation 1/4 HR														
2005	Ther. Exercise & Training 1/4 HR											1	263		
2006	ADL 1/4 HR														
2008	Group Tx 1/4 HR											1	263		
2011	Modality 1/4 HR														
2013	Orthotics 1/4 HR														
2014	Equipment Intervention/Tx 1/4 HR														
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	Speech														
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3031	Patient/Family Train 1/4 HR														
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5005	TR Tx (Grp) 1/4 HR														
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5031	Patient/Family Train 1/4 HR														
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4007	Biofeedback with Psychotherapy 1/4 HR														
4008	Group Psychotherapy 1/4 HR														
4031	Family Psychotherapy (-Pt) 1/4 HR														
4032	Family Psychotherapy (+Pt) 1/4 HR														

KEYS: N - NURSING OH - ON HOLD P - PROCEDURES S - ILLNESS R - REFUSED OS - OUTSIDE SERVICE D/C PATIENT DISCHARGED

LONG, ALISON M
Account ID: 1663 Orgz: RHB
Patient MRN: Location: RHN
Birth Date: 09/19/1987 Age: 13Y Sex: F
Doctor: NEWMAN, HUGH

Altoona Hospital
620 Howard Avenue
Altoona, PA 16601-4899
Interim REPORT
Report For: RHB

MICROBIOLOGY

Microbiology

Source: THROAT **Collected:** 10/21/2000 21:03
295.00696 **Plated:** 10/21/2000 21:03

FINAL Report

Culture Report

NORMAL FLORA
Release D/T: 10/23/2000 07:35

Microbiology Continued

Source: NARE LEFT **Collected:** 10/21/2000 21:03
295.00697 **Plated:** 10/21/2000 21:03

FINAL Report

Culture Report

NORMAL FLORA
Release D/T: 10/23/2000 07:35

Microbiology Continued

Source: NARE RIGHT **Collected:** 10/21/2000 21:03
295.00698 **Plated:** 10/21/2000 21:03

FINAL Report

Culture Report

NORMAL FLORA
Release D/T: 10/23/2000 07:35

LONG, ALISON M
Account ID: 1663 Orgz: RHB
Patient MRN: Location: RHN
Birth Date: 09/19/1987 Age: 13Y Sex: F
Doctor: NEWMAN, HUGH

Altoona Hospital
620 Howard Avenue
Altoona, PA 16601-4899
Interim REPORT
Report For: RHB

HEMATOLOGY

Complete Blood Count

Test Name	10/22/2000 06:13	Reference Range	Units of Measure
WBC	6.2	5.0-10.0	X10e3/mL
RBC	**4.54 H**	3.50-4.50	X10e6/mL
HGB	12.4	12.0-16.0	g/dl
HCT	37.3	36.0-48.0	%
MCV	82.1	82.0-92.0	fl
MCH	27.4	27.0-31.0	pg
MCHC	**33.3 L**	34.0-36.0	%
RDW	15.7	< 16.0	%
PLAT	332	130-400	X10e3/mL
MPV	**7.4 L**	8.0-11.5	fl
NEUT%	46.5	15.0-60.0	%
LYMPH%	38.6	15.0-60.0	%
MONO%	**12.3 H**	3.5-9.5	%
EO%	2.1	0-5.5	%
BASO%	0.5	0-1.2	%
NEUT#	2.9	0.6-8.0	X10e3/mL
LYMPH#	2.4	0.6-8.0	X10e3/mL
MONO#	0.8	0.1-1.0	X10e3/mL
EO#	0.1	0-0.6	X10e3/mL
BASO#	0.0	0-0.1	X10e3/mL

CHEMISTRY

Basic Metabolic Profile

Test Name	10/22/2000 06:13	Reference Range	Units of Measure
BUN	8	7-17	mg/dl
SODIUM	145	135-145	mmol/L
POTASSIUM	**3.4 L**	3.6-5.0	mmol/L
CHLORIDE	**112 H**	98-107	mmol/L
CO2	24	22-30	mmol/L
GLUCOSE	79	70-110	mg/dl
CREAT	**0.6 L**	0.7-1.2	mg/dl
CALC	9.1	8.4-10.2	mg/dl

MICROBIOLOGY

Microbiology

Source: THROAT **Collected:** 10/21/2000 21:03
295.00696 **Plated:** 10/21/2000 21:03

PRELIM Report

Culture Report

NORMAL FLORA
Release D/T: 10/22/2000 08:16

Microbiology Continued

Source: NARE LEFT **Collected:** 10/21/2000 21:03
295.00697 **Plated:** 10/21/2000 21:03

PRELIM Report

Culture Report

NORMAL FLORA
Release D/T: 10/22/2000 08:16

Microbiology Continued

Source: NARE RIGHT **Collected:** 10/21/2000 21:03
295.00698 **Plated:** 10/21/2000 21:03

PRELIM Report

Culture Report

NORMAL FLORA
Release D/T: 10/22/2000 08:16

Pending Tests

Requested Test	Collection Status	Result Status	Rqst Coll D/T	HIS Ord #
ROUTINE CULTURE	Collection Completed	Partially Released	10/21/2000 21:03	
ROUTINE CULTURE	Collection Completed	Partially Released	10/21/2000 21:03	

KEY:
H:High L:Low

The
Children's Institute

6301 Northumberland Street
Pittsburgh, Pennsylvania 15217-1396

412/420-2400
Fax 412/521-0570

May 23, 2001

Michael J. Koehler
C/O Nicholas, Perot, Strauss, and Koehler Professional Corporation
Attorneys and Counselors at Law
2527 West 26th Street
Erie, PA 16506

RE: Alison Long
D.O.B.: 09/19/87
D.O.A.: 07/09/00
MR#: 275-00

Dear Attorney Koehler:

In reply to your inquiry of 05/11/01 pertaining to the injuries sustained by your client, Alison Long, I submit the following information:

Alison Long was an inpatient at The Children's Institute from 07/28/00 to 10/21/00 for rehabilitation of injuries that she sustained from a motor vehicle accident on 07/09/00. I was her attending physician during her inpatient stay. She was transferred from Conemaugh Valley Memorial Medical Center where she was treated for her acute injuries. Enclosed is the copy of her comprehensive admission history and physical examination, which should answer your first 4 inquiries, A-D. Her traumatic brain injury, compression fracture of her thoracic/lumbar spine, fracture of right forearm were injuries that she sustained as the result of a motor vehicle accident. The heterotopic ossification of the right lower extremity, occipital decubitus, monilial dermatitis, tracheostomy, PEG tube, pneumonia, urinary tract infection, and Staphylococcus epidermitis sepsis, and anemia resulted secondarily due to the course of her acute care and for the most part have resolved or improved by the time of her discharge from The Children's Institute.

As an inpatient at The Children's Institute, Alison participated in a comprehensive inpatient rehabilitation program which included followup laboratory tests, x-rays, doppler studies, as well as consultations with sub-specialists, specifically, physical medicine and rehabilitation specialist, orthopedist, and neurologist. Alison received intensive specialized nursing care, physical therapy, occupational therapy, speech-language therapy/feeding therapy, and psychological assessment.

EXHIBIT
tabbies
D

D'

A copy of her medical discharge summary is enclosed which summarizes the treatment that Alison received which should partially answer your inquires E-G.

It is difficult to qualify pain and discomfort associated with Alison's multiple injuries, especially when she was admitted to The Rehabilitation Institute at a Rancho Los Amigo Level II, indicating limited awareness to her environment. Alison made gains in her level of functioning during her inpatient. As noted in the medical discharge summary, the most significant gains were made in her motor and physical function, although she still manifested some left sided weakness and gait problems at the time of her transfer to HealthSouth. Her most significant deficits were in the cognitive and short term memory areas, which are of concern. She was extremely impulsive with poor judgment and required close supervision for her safety. Our staff felt that she needed to continue in an intensive inpatient rehabilitation program for several more weeks at the time of her discharge. Because her family were experiencing hardship and difficulties, being so far away from their home, they petitioned to have Alison complete the remainder of her rehabilitation at HealthSouth Altoona facility, which was closer to their home. Alison was transferred to HealthSouth Altoona Rehabilitation Hospital on 10/21/00. Her level of functioning at the time of her transfer is described in the medical discharge summary enclosed. As I indicated above, her physical limitations were moderate, mainly mild left sided weakness and some instability of gait. Her major problems were related to her cognitive and short term memory deficits. Alison was not considered to have completed recovery from her injury by the time of her transfer. Individuals with severe traumatic brain injury usually continue to make steady gains for approximately 1-2 years post injury in structured rehabilitation programs and some continue to make small gains for several years thereafter. I suspect this may be true for Alison as well. Since I have not treated Alison since her discharge, I cannot comment any further about her prognosis or present level of functioning. I suggest you contact those persons who are currently following and/or treating her for this information.

Enclosed are my charges for reviewing her records and preparing this report. Please submit a check at your earliest convenience.

Sincerely,

Anna J. L. Chorazy M.D.

Anna J. L. Chorazy, M.D., F.A.A.P.

Enclosure

AJLC/dld

THE CHILDREN'S INSTITUTE

6301 NORTHUMBERLAND ST
PITTSBURGH, PA 15217
412-420-2400

FINAL REPORT

Name: LONG,ALISON M
MR#: 0257-00
DOB: 09/19/1987
Admit Date: 07/28/2000

Acct. Number: 010638
Service: INPATIENT

MEDICAL HISTORY & PHYSICAL

This is the first admission to The Children's Institute for Alison Long, a 12-10/12 year old white female who sustained severe traumatic brain injury, craniocerebral trauma with right subdural hematoma and left occipital contusion and diffuse axonal injury with multiple shearing as a result of a motor vehicle accident on 07/09/00. Alison was unconscious at the scene of the accident. She was given emergency care by the local paramedics and transported by helicopter to Conemaugh Memorial Medical Center where she was admitted to the trauma/neurosurgical service. Her hospital course was complicated by initial high ICP pressures, an EVD was placed and she was monitored in the Intensive Care Unit for approximately 13 days. She also had a strep pneumonitis treated with antibiotics, a Staphylococcus septicemia also treated with antibiotics and a urinary tract infection. She has an occipital decubitus and monilial dermatitis of her perineal buttock area. Alison does have a #4 Shiley trach in place and she has a PEG tube. She has been stable for the past two days and was transferred to The Children's Institute for an ongoing program of care and rehabilitation with the goals to:

1. Monitor her medical status and stability.
2. Increase her overall strength and endurance.
3. Provide appropriate environmental stimulation to improve environment awareness.
4. Provide oral stimulation and promote increased oral intake when safe.
5. Facilitate appropriate communication.
6. Facilitate functional mobility, head control, sitting, standing, transfers and ambulation without device.
7. Provide range of motion to prevent contractures in all extremities.
8. Facilitate fine motor and upper extremity skills and assess visual perceptual skills.
9. Assess cognition/neuropsychological testing/C.A.B.L.E. when appropriate.
10. Assess equipment needs.
11. Parent/caretaker training.
12. Discharge planning with reintegration in the community with appropriate community supports.

Historical data was obtained from interview with Alison's parents, Mr. and Mrs. Kenneth J. Long, and partially extrapolated from records received from Conemaugh Memorial Medical Center which is an incomplete Xeroxed copy of her chart, patient information and transfer instruction form, medication administration records, preadmission inpatient intake form of The Children's Institute. Medical discharge summary was not available, medical discharge summary was requested from the social worker at Conemaugh Memorial Medical Center, Rick DeFrehn, but did not arrive to be available at the time of this dictation.

HISTORY OF PRESENT ILLNESS

Alison Long is the youngest born child in a family of four children. She was described as a healthy, active, normally developing 12-year-old who had just completed the 6th grade at the Moshanno Valley Elementary School. Her parents stated that on her last report card she had made the honor roll and was promoted to the 7th grade. One of her strengths was that she was good in math. They described her as very competitive, tomboy who liked outdoor activities. She was very active physically. She was a soccer player, a good runner and a hard worker. She had a paper route. She loved animals and was very sensitive and compassionate to younger children and children that others made fun of. She also was taking drum lessons and hoped to play the drums in junior high school.

On Sunday 07/09/00 around 11 o'clock in the morning she left the house on her bicycle to go downtown to the local store with several friends. Her parents recalled that she called home to see if she could get more money and this was to spend at the store. This was denied her. Her parents were told by the driver of the car that she and three boyfriends got into a "junker car" that was owned by the driver's mother. Alison sat behind the driver and they drove up to a local junkyard looking for parts to repair their bicycles. When they were coming down the driver lost control of the car and struck a tree. Alison was unconscious at the scene of the accident and the boy sitting in the seat next to her 13-year-old James Blalock died at the scene from a fractured neck and was found by the paramedics on top of Alison who reportedly was unconscious but breathing. Alison was given emergency care by the local paramedics. She was intubated at the scene and then transferred by helicopter to Conemaugh Memorial Medical Center where she was admitted to the trauma/neurosurgical service. According to hospital records she was unrestrained. Her initial Glasgow Coma Scale was recorded as 3 and her initial trauma scale was 7. CAT scan of her head in the emergency room at Conemaugh Memorial Medical Center indicated the presence of a thin right sided subdural hematoma of 2-3 mm in greatest thickness. There was also mild to moderate effacement of the cortical sulci in the bilateral cerebral hemispheres. There was intraventricular blood in the

occipital horn of the left lateral ventricle. The basal cisterns were minimally to mildly effaced. There was no obvious parenchymal contusions and no fractures of the skull. Spine films revealed no obvious fracture of the cervical spine. Thoracic radiographs revealed no obvious fractures or malalignment. Lumbar radiographs revealed a small degree of lumbar L2 superior end plate fracture eccentric to the right side. There was no significant malalignment or kyphosis either on the CAT scan of the lumbar spine or the plane radiographs of the thoracic or lumbar spine. She was taken to the operating room for an urgent ventriculostomy placement for increased intracranial pressure and intracranial pressure monitoring. Postoperatively she was cared for in the Intensive Care Unit for the next 13 days. She was treated with standard protocol for increased intracranial pressure. Her parents stated early that her pressures would go up to 36 or higher when she was stimulated and they were asked not to get her excited in order to help keep her intracranial pressure below the acceptable range of 20. She was monitored closely in the Intensive Care Unit for the next 13 days and remained on paralytics with ventilatory support. Her course was complicated by strep pneumonia. A chest x-ray showed ill defined infiltrate or atelectasis in her right lung and she was treated with antibiotics. Her parents recalled that on 07/15/00 her monitor was discontinued and she was started to be weaned from her paralytics and sedatives. Over the next few days attempts were made to wean her from the ventilator. Although it was not possible to get her off the ventilator initially, she finally was completely weaned from the ventilator by Saturday 07/22/00 and transferred to the 8th floor on supplemental oxygen to her trach site by mask. She has remained on some supplemental oxygen since that time, but has been stable from a respiratory standpoint. Her parents also stated that they were told that she had a urinary tract infection which was treated with antibiotics. Her Foley has been removed. Several days after being moved to the floor she developed a fever and had repeat multiple cultures. One of the cultures grew a Staphylococcus in her blood and she was treated with intravenous antibiotics, specifically Vancomycin. The Vancomycin was discontinued prior to her transfer to The Children's Institute. She has been otherwise stable medically. Neurologically she did open her eyes for a brief period in the Intensive Care Unit on July 14th when the nurse rubbed her back and more recently she has been opening her eyes with movement, but does not show any recognition of her parents. She does not follow commands although her mother stated that she was told that she did try to move her paralyzed left arm when asked several days ago. She has developed some agitation and did traumatize her tongue by biting. She was evaluated prior to transfer by an oral maxillofacial surgeon who did fabricate a mouthguard to be placed over her teeth to protect and confine her tongue, but she tends to spit this

out and it has not been effective. She has been receiving Ativan 1 mg q8h for agitation. According to the transfer summary she is on G-tube feedings with Osmolite 90 cc per hour via PEG tube, bowel and bladder regime, supplemental oxygen to keep her SaO2 saturations above 92%, Zantac 150 mg by tube b.i.d., Dantrium 25 mg by tube daily, Ativan 1 mg by tube q8h p.r.n. for agitation, Tylenol w/Codeine Elixir 10 cc by tube q4h p.r.n. for pain, Bacitracin Ointment to open area of occipital scalp b.i.d., Nystatin Powder to affected areas t.i.d. and Albuterol Metered Dose Inhaler 4 puffs q4h with chest PT. She has a HEP lock site in her left arm which is to be kept clean and dry and not to be flushed with Heparin at any time. She also receives Artificial Tears and Lacri-Lube to her eyes. She is to return to see neurosurgeon, Carl Green, M.D., two weeks after she is discharged from rehab and she is to return to see Lee Miller, M.D. in Trauma Clinic at Conemaugh Memorial Medical Center after she is discharged from rehab.

PAST MEDICAL HISTORY

Pregnancy History:

As noted above Alison is the youngest child born to a gravida IV, para IV mother who was approximately 26 years of age at the time of her birth. Pregnancy was unplanned, but was entirely uncomplicated. Alison was born at term at Mercy Hospital of Altoona. Birth weight was 8 pounds. There were no neonatal complications. She was bottle fed.

DEVELOPMENTAL HISTORY

Her growth and development were all within normal limits. Her mother could not recall her developmental milestones, but claimed that she did everything at the appropriate time. She was toilet trained before age 2. She was not a bed-wetter. Although she spoke early, her speech was unclear and she had immature speech. At age 5 she was evaluated for a speech problem prior to entrance into school and was found to have no significant impediment.

EDUCATIONAL HISTORY

She started kindergarten at age 6 because she had a September birthday. She entered the Moshanno Valley kindergarten and completed the elementary program in June of 2,000 having been promoted from the 6th grade to the middle school 7th grade. Her last report card she was on the honor roll.

GENERAL MEDICAL HEALTH & CARE

Early she was cared for the physicians at the Mainline Medical Center in Cresson, PA and they followed her until she was 10 years old. More recently she has been getting care the Phillipsburg Medical Center, Dr. Kumar. He recently left the center and she was assigned to a new doctor

whom she hasn't seen to date. Her general health is good, but as a small child she had some minor wheezing and eczema which she has outgrown.

DISEASES OF CHILDHOOD
Chicken pox as an infant, none other.

IMMUNIZATIONS
Up-to-date.

PAST HOSPITALIZATIONS
None until the present.

PAST SURGERY
None until the present.

ALLERGIES
None known.

DRUG ALLERGIES
None known.

MEDICATIONS
Zantac 150 mg via PEG tube b.i.d.
Dantrium 25 mg via PEG tube daily.
Ativan 1 mg q8h by tube p.r.n. for agitation.
Tylenol w/Codeine Elixir 10 cc q4h p.r.n.
Bacitracin Ointment to occipital decubitus b.i.d.
Nystatin Powder to affected areas t.i.d.
Albuterol Metered Dose Inhaler 4 puffs to trach q4h with chest PT.
Artificial Tears and Lacri-Lube to eyes.

SEIZURES
None known or recorded.

REVIEW OF SYSTEMS
Vision: She has been wearing glasses to correct myopia since the 4th grade. Her most recent exam was with optometrist, Dr. Goldstein, in Tyrone, PA in May 2,000 and she did receive a new prescription for her lenses.
Hearing: No history of recurrent infections. Her hearing was normal.
Dental Status & Care: As noted above she was seen by an oral maxillofacial surgeon and a mouthguard was made to keep her from biting her tongue, but she has not been able to keep this in. Prior to the accident she did complain of some sensitivity to cold from a tooth and

her mother had made an appointment with a local dentist, however, this was never done because of the accident.
Cardiovascular: Negative.
Respiratory: See above, she did have mild asthma as a child with eczema, wheeze, never was on any maintenance medications and she appeared to outgrow these symptoms.
GI: Her appetite was fair. She liked junk food more than anything else. Her favorite foods were chicken wings and chicken tenders. Her bowels moved normally.
GU: She was treated for a urinary tract infection recently at the hospital, otherwise negative.
Menarche: She does have very beginnings of breast tissue and has some hair under her arms, but she has not menstruated to date.
Skin: Eczema as a child, but otherwise negative.
Neuromuscular: Review of the records from Conemaugh Memorial Medical Center stated that she was left-handed, but her parents could not be absolutely sure. She was a very physically active, normally developing child prior to this accident.

FAMILY HISTORY
Mother: Kathleen Long, 39 years of age, birth date 09/15/60. She is a twin. She is in good health. High school graduate. She was employed as an aide for the Hyde Park Head Start Program. She has taken a leave of absence.
Father: Kenneth J. Long, 41 years of age, birth date 11/25/58. He is in good health. High school graduate. He was a self-employed owner of a heating/air conditioning/refrigeration service that has recently been purchased by the Wendy's Corporation and he is now working for them.
Siblings: Kenneth Jr., 20 years of age, birth date 03/20/80. He is in good health and is married and lives in Phillipsburg, PA. He has a 2-year-old son Dylan.
Jacob, 18 years of age, birth date 06/10/82. He is in good health. He quit school in the 10th grade. He was helping his father in his business, but at the present time is unemployed.
Laura, 16 years of age, birth date 07/09/__. She is in good health and in the 11th grade at Moshanno Valley Hospital.

Maternal Grandmother: 66 years of age, she has hypertension and suffered a CVA four years ago, but is doing fairly well, almost completely recovered.
Maternal Grandfather: 64 years of age, he too has hypertension.

Mother and her twin are middle children in a family of 10 children. There was an infant that died at birth. She also had a brother who died as a result of injuries from a motor vehicle accident at the age of 33

in 1989. One of mother's older brothers also has hypertension and had a heart attack at age 38.

Paternal Grandmother: 72 years of age, she had a cyst removed from the base of her brain 10 years ago and has recovered, but has never been quite the same.
Paternal Grandfather: 69 years of age, in good health.

Father is the middle child. He has an older sister who has congenital scoliosis and many allergies. More recently she has been suffering from depression.

SOCIAL HISTORY
The family lives in a two story house in Madera, PA. There is 1 step to get into the house. There are four bedrooms on the 2nd floor, the bathroom is on the 2nd floor.

PHYSICAL EXAMINATION
Measurements:
Head Circumference: 50-1/2 cm with ponytail.
Height: 5'3"
Weight: 94-1/2 pounds
Vital Signs:
Temperature: 97.8
Respiration: 28 per minute
Pulse: 126 per minute
Blood Pressure: 138/84
General Appearance: Alison Long was brought into the examining on a carrier. She presents as an attractive, pretty 12-1/2 year old white female whose hair is pulled up in a ponytail. She has very little awareness to her environment. Her eyes for the most part are shut. She does not seem to respond to commands. Even with opening her eyelids manually I could not get her to focus or follow. She did not seem to show any differential awareness when her parents talked to her. She impressed the examiner as functioning somewhere around Rancho Los Amigos Level II. She has a pulse oximeter on her right index finger. The HEP lock in her left forearm, appears to be coming out. .It was removed.
Head: 50-1/2 cm, full head of dark blonde hair attractively pulled back in a ponytail. She does have a breakdown over her occipital area which is being treated with Bacitracin Ointment. The front of her hair has been shaved and the area where the EVD monitor was appears to be healed, dried, the sutures appear to have been removed.
Eyes: Her pupils are dilated, but they both react directly to light. She has sort of wandering eye movements. Her eyes for the most part are shut. The eyelids had to be opened manually to check for her pupillary

reaction. She does not focus or follow. Her sclerae and conjunctivae are clear. Fundi was not seen.
Ears: Tympanic membranes were easily visualized and were gray and normal.
Nose: Normal.
Mouth: She has a tonic bite. She tends to protrude her tongue between her upper teeth and lower teeth. There is a mild overbite and you can see from the ridges in her tongue that she is traumatizing the tip of her tongue. Her tongue is coated. She does have a gag, but it is delayed, but it is present.
Neck: Supple.
Thyroid: Not palpable. She has a #4 Shiley trach in place with thick whitish mucous that she easily coughs up.
Lymph Nodes: No palpable cervical, axillary or inguinal nodes.
Chest: Symmetrical.
Lungs: She has coarse rhonchi that are transmitted from her upper airway, but there are no wheezes or fine rales. She seems to be saturating well. Her pulse oximetry is above 90% with supplemental oxygen.
Heart: Regular rhythm, no significant murmurs or thrills.
Breasts: She has small nubbins of breast tissue Tanner Stage II bilaterally, no palpable masses.
Abdomen: She has a PEG tube in her left upper quadrant. The abdomen soft, nontender, no masses, no organomegaly.
Genitalia: Normal external female, pubic hair Tanner Stage III-IV.
Rectal: digital exam not done, but she has erythema of the entire diaper area, buttocks crease, perineum and buttocks suggestive of monilial dermatitis.
Spine: Difficult to evaluate. When she is turned on her back it appears to be straight. She does have some compression fractures on x-ray in the thoracic and lumbar areas.
Extremities: Her left upper extremity is flaccid at her left side. Her right upper extremity moves without purpose and has more tone. She has increased extensor tone in both lower extremities and I was unable to manipulate her ankles to neutral. She has a palpable irregularity of her right forearm that may be a hematoma. There is not real pinpoint tenderness, but this could be callous formation.
Neurological: As noted above she appears to be functioning with little environmental awareness. She impresses the examiner as being at Rancho Los Amigos Level II. Her pupils are reactive. She has wandering eye movements. Her facies are symmetrical.
Sensory System: She reacts to pain by report.
Motor System: Deep tendon reflexes are 2+ in the right biceps and radial, 1-2+ in the left biceps and radial, 2-3+ patellar, 2+ Achilles bilaterally and she has upgoing toes bilaterally.

IMPRESSIONS

1. Traumatic brain injury, severe craniocerebral trauma with right subdural hematoma and left occipital intraventricular hemorrhage with diffuse axonal injury and shear injuries secondary to a motor vehicle accident of 07/09/00 manifested by:
    a. Quadriparesis vs. triparesis. She has paralysis of the left upper extremity and extensor tone in both lower extremities.
    b. Cognitive/memory/personality problems estimated to be Rancho Los Amigos Level II associated with:
2. Occipital decubitus.
3. Compression fractures of the thoracic lumbar spine.
4. Irregularity R forearm. R/O callous formation and fracture.
5. Monilial stomatitis.
6. Monilial dermatitis of the perineal/buttock/diaper area.
7. Tracheostomy #4 Shiley trach in place.
8. PEG tube in left upper quadrant.
9. Remote pneumonia, resolved.
10. Remote urinary tract infection, resolved.
11. Remote Staphylococcus epidermitis sepsis, treated and resolved.

PLAN

1. Admit to the Pediatric Unit.
2. G-tube feedings Os-Cal 90 cc per hour with oral stimulation and safe progressive oral feeding program when appropriate.
3. Vital Signs: Blood pressure, pulse, respiration, temperature t.i.d. and p.r.n. and record.
4. Immunizations: Up-to-date.
5. PPD Intermediate, omit.
6. Weekly weights and record.
7. Laboratory Studies:
    a. CBC & differential.
    b. Urine R&M.
    c. Chem Screen-15.
8. Consultations:
    a. Physiatry evaluation, Dr. Russell or Dr. Smith.
    b. Neurology evaluation, Dr. Crumrine et al.
    c. See attached Rx for rehab services.
9. Pre-Arranged Follow-Ups:
    a. Follow-up with neurosurgeon, Carl Green, M.D., two weeks after discharge from The Children's Institute.
    b. Follow-up with trauma surgeon, Lee Miller, M.D., at Conemaugh Memorial Medical Center post discharge. Family to call for an appointment.
10. Drug Allergies: None known.

11. Other Allergies: None known.
12. Medications:
    a. Zantac 150 mg by tube b.i.d.
    b. Dantrium 25 mg by tube daily.
    c. Ativan 1 mg by tube q8h p.r.n. for agitation.
    d. Tylenol 500 mg by tube q4h p.r.n.
    e. Bacitracin Ointment to occipital decubitus b.i.d.
    f. Albuterol Aerosol to trach 0.83% solution q4h followed by chest PT.
    g. Dulcolax Suppository 1 suppository q.o.d. p.r.n.
13. Trach care, suction after chest PT and p.r.n.
14. Supplemental oxygen to keep SaO2 saturations above 90-92%.
15. SaO2 saturations once each shift and p.r.n.
16. Dilute vinegar rinses to perineal/buttock areas, dry well with each diaper change followed by Lotrimin Cream application.
17. Mouth care with Mycostatin Oral Solution 5 cc swab q.i.d. X1 week and check.
18. Artificial Tears 1 drop in both eyes q2h during waking hours and Lacri-Lube to both eyes h.s.
19. Add 1 ounce of yogurt with live cultures to tube feedings once each shift.
20. PEG tube care.

THE CHILDREN'S INSTITUTE

6301 NORTHUMBERLAND ST
PITTSBURGH, PA 15217
412-420-2400

FINAL REPORT

Name: LONG,ALISON M
MR#: 0257-00
DOB: 09/19/1987
Admit Date: 07/28/2000
Discharge Date: 10/21/2000
Acct. Number: 010638
Service: INPATIENT

MEDICAL DISCHARGE SUMMARY

FINAL DIAGNOSES:

1. Traumatic brain injury, severe craniocerebral trauma with right subdural hematoma and left interventricular hemorrhage with defuse axonal injuries and shear injuries secondary to motor vehicle accident on 07/09/2000.
2. Compression fractures of thoracic lumbar spine, healed.
3. Fracture of right forearm, healed.
4. Heterotopic ossification right lower extremity, improved.
5. Occipital decubitus, healed.
6. Monilial dermatitis of the perineal buttock area, resolved.
7. Tracheostomy, decannulated.
8. PEG tube removed.
9. Pneumonia resolved.
10. Remote urinary tract infection, resolved.
11. Remote Staphylococcus epidermitis sepsis, treated and resolved.
12. Anemia, resolved.

ADMISSION STATUS

This is the first admission to The Children's Institute for Alison Long, a 12-10/12 year old white female who sustained severe traumatic brain injury, craniocerebral trauma with right subdural hematoma and left occipital contusion and defuse axonal injury with multiple shearing as the result of a motor vehicle accident on 07/09/2000. Alison was unconscious at the scene of the accident. She was given emergency care by the local paramedics and transported by helicopter to Conemaugh Memorial Medical Center, where she was admitted to the trauma neurosurgical service. Her hospital course was complicated by initial intercranial pressures. An EVD placed and she was monitored in the ICU for approximately 13 days. She also had strep pneumonitis treated with antibiotics, a Staphylococcus septicemia also treated with antibiotics, and a urinary tract infection. She developed an occipital decubitus and monilial dermatitis of her perineal buttock area. A #4 Shiley trach and PEG were inserted. She became medically stable and was transferred to The Children's Institute for an ongoing program of care and rehabilitation with the goals to:

1. Monitor her medical status and stability.
2. Increase her overall strength and endurance.
3. Provide appropriate environmental stimulation to improve environmental awareness.

4. Provide oral stimulation and promote increased oral intake when safe.
5. Facilitate appropriate communication.
6. Facilitate functional mobility, head control, sitting, standing, transfers and ambulation without device.
7. Provide range of motion to prevent contractures in all extremities.
8. Facilitate fine motor and upper extremity skills and assess visual perceptual skills.
9. Assess cognition/neuropsychological testing/C.A.B.L.E. when appropriate.
10. Assess equipment needs.
11. Parent/caretaker training.
12. Discharge planning with reintegration in the community with appropriate community supports.

PHYSICAL EXAMINATION ON ADMISSION

Measurements:

Head Circumference: 50-1/2 cm with ponytail
Height: 5'3"
Weight: 94 1/2 pounds

Vital Signs:

Temperature: 97.8
Respiration: 28 per minute
Pulse: 126 per minute
1 Appearance: Blood Pressure: 138/84

General Appearance: Alison was brought into the examining room on a carrier. She presented as an attractive, pretty 12 1/2 year white female whose hair was pulled into a ponytail. She showed little awareness to her environment. Her eyes for the most part were shut. She did not respond to commands. Even with manual opening of her eyelids, she would not focus or follow. She did not show any differential awareness when her parents talked to her. She impressed the examiner as functioning around Rancho Los Amigos Level II. She had a pulse oximeter on her right index finger and a HEP lock on her left forearm which was de-lodged and therefore removed.
Head: She had dark blond attractively pulled back in a ponytail. There was breakdown over her occipital areas which was being treated with Bacitracin Ointment. The front of her hair was shaved where the EVD monitor was inserted. The area was healed, dried and sutures were removed.
Eyes: Pupils were dilated and reacted directly to light. She had wandering eye movements. She held her eyes shut. Eyelids were opened manually to check pupillary reaction. She did not focus or follow. Her sclerae and conjunctivae were clear. Fundi was not visualized.
Ears: Tympanic membranes were easily visualized and were gray and

normal.
Nose: Normal.
Mouth: She had a tonic bite. She tended to protrude her tongue between her upper and lower teeth. She had a mild overbite and the ridges from her teeth could be seen on her tongue. She did traumatize the tip of her tongue. The tongue was coated. She had a gag, but it was delayed.
Neck: Supple.
Thyroid: Not palpable; #4 Shiley trach in place with thick whitish mucous.
Lymph Nodes: No adenopathy.
Chest: Symmetrical
Lungs: Course rhonchi transmitted from her upper airway, no wheezes or fine rales. She was saturating well. Her pulse oximetry was above 90% with supplemental oxygen.
Heart: Regular rhythm with no significant murmurs or thrills.
Breast: Small nubbins of breast tissue Tanner Stage II bilaterally, no masses.
Abdomen: PEG tube in left upper quadrant; soft, nontender, no masses or organomegaly.
Genitalia: Normal external female, pubic hair Tanner Stage III-IV.
Rectal: Digital exam not done, but she had erythema of the entire diaper area, buttock crease, perineum, suggestive of monilial dermatitis.
Spine: Difficult to evaluate. It appeared to be straight. History noted compression fractures on x-ray of the thoracic and lumbar areas.
Extremities: Left upper extremity was flaccid at her left side. Right upper extremity moved without purpose and had more tone. She had increased tone in both lower extremities. Her ankles could not be manipulated to neutral. She had a palpable irregularity of her right forearm with what appeared to be callous formation.
Neurological: She appeared to be functioning with little environmental awareness. She impressed the examiner as being Rancho Los Amigos Level II. Pupils reactive, wandering eye movements. Facies were symmetrical.
Sensory System: She reacts to pain.
Motor System: Deep tendon reflexes are 2+ in right biceps and radial, 1-2+ in the left biceps and radial, 2-3+ patellar, 2+ Achilles bilaterally and she had upgoing toes bilaterally.

LABORATORY STUDIES
Admission: hemoglobin 9.9, hematocrit 29.3, RBC 3,560,000, MCV 82.2, MCH 27.9, MCHC 33.9, WBC 14,300 with 79% neutrophils, 0% bands, 11% leucocytes, 9% monocytes, 1% eosinophils, platelet count 720,000. Chem screen revealed elevated AST 43, LDH 259, glucose 136 (not fasting), low albumin 3.6, cholesterol 113. Urine R&M revealed a specific gravity of 1.035, pH 6, negative routine and 0 RBC/hpf, 0-2 WBC/hpf. Culture for

trach sputum revealed numerous gram positive cocci, no white blood cells, organism identified as staphylococcus aureus methicillin resistant.

Repeat blood count in late August, 2000 revealed relatively normal CBC and Diff with hemoglobin 11.4, hematocrit 34.3, RBC 4,200,000, MCV 81.7, MCH 27.2, MCHC 33.3, WBC 6,400 with relatively normal differential, platelet sufficiency was normal. Repeat hepatic function revealed normal liver enzymes; albumin a little low at 3.6. G-tube culture in October, 2000 grew three organisms - Pseudomonas aeruginosa heavy growth, Serratia marcescens and Staphylococcus species coagulase negative.

X-ray Studies:
X-ray of right forearm revealed a healing fracture of right mid-ulnar with exuberant callous formation at fracture site with adequate alignment. Radius appeared intact.

X-ray of thigh to rule out fracture. Radiographs of the right femur appeared normal. No fracture was identified.

Alison had a modified barium swallow performed at Children's Hospital of Pittsburgh on 08/24/00. In summary she exhibited a delay in initiation of swallow for all consistencies characterized by pooling in the vallecula and piriform sinuses. Alison's most prolonged latency was for thin liquids while she was able to swallow the thin liquids without aspirations. Alison was felt to be at risk for aspiration due to the prolonged time required to initiate the swallow (possibly secondary to decreased sensory feedback). Until she is able to initiate a swallow more quickly, only nectar thick or slightly thicker liquids were recommended. Alison appeared to be ready for more texture, however, bites with increased texture should be alternated with bites with pureed to encourage and fostered clearance from her oral cavity and pharynx. Pudding appeared to be the safest consistency for Alison to swallow overall.

Doppler Studies: Lower venous Doppler examination of bilateral lower extremities were obtained on 07/31/2000. All Doppler signals were normal bilaterally. No Doppler evidence of deep vein thrombosis or venous incompetence.

CONSULTATIONS
PM&R Consultation:
Alison was evaluated by Physical Medicine Resident Ramon Lansang, M.D. under the supervision of Pediatric Physiatrist, Cynthia L. Smith, M.D.

Impression on 07/31/2000 was that of:
1. Traumatic injury, status post motor vehicle accident with right subdural hematoma, left occipital and right parietal contusions with following sequelae:
   A. Decreased level of arousal and attention
   B. Minimal conscious state.
   C. Probable speech and language dysfunction.
   D. Motor dysfunction involving bilateral lower extremities and left upper extremity.
   E. Probable visual spatial deficits.
   F. Potential bowel and bladder dysfunction.
   G. Severe cognitive dysfunction.
   H. Spasticity.
2. Status post tracheostomy.
3. Nutritional.
4. Right arm mid-shaft prominence; rule out callous formation from probable fracture involving ulna.
5. Right upper thigh anterior swelling; rule out fracture with callous formation versus hematoma versus heterotopic ossification versus deep vein thrombosis.
6. Equinus deformity of ankles bilaterally.

Recommendations:
X-rays of the right upper extremity and right lower extremity to rule out fracture versus heterotopic ossification. If x-rays were negative, then would proceed to attempt to identify swelling with radio-nuclear bone scans since most x-rays would be negative for heterotopic ossification after three weeks. Doppler studies also should be obtained.

Therapeutically, continue present medicines Dantrium for spasticity, Ativan for agitation, consider Botulinum toxin injections for equinus deformity and overall increased tone of lower extremities. Consider psycho-stimulants in the future if no significant improvement.

Physical therapy for range of motion, balance, posture, strength of extremities when appropriate. Serial casting of both ankles with application of orthotic devices such as splints to the lower extremities and splint on left upper extremity as needed.

Occupational therapy for visual spatial orientation when appropriate. Tactile stimulation when appropriate and also for self-care skills when appropriate.

Speech/language therapy for visual spatial training, spatial attention

deficits training, tactile, visual and oral stimulation when appropriate.

Nursing for frequent side to side turns, decubitus ulcer prevention and care of occipital decubitus suctioning, respiratory therapy and tracheostomy care.

Psychology for behavioral psychological evaluation.

Arrange formal orthopedic assessment for evaluation of compression fractures, right forearm swelling and right thigh swelling.

Alison was followed by the pediatric physiatrist throughout her stay. When last seen she was noted to have significant cognitive and memory problems with attentional difficulty. Her basic reading was at the 4th grade 5 month level, spelling at the 3rd grade 9 month level, writing reversals, math reasoning was at the 2nd grade 9 month level.

Orthopedic Consultation:
Alison was evaluated by pediatric orthopedist, Steven Mendelson, M.D., from Children's Hospital of Pittsburgh on 08/02/00. Dr. Mendelson reviewed her films and noted that her right forearm fracture appeared to be healing by bone scan. She had increased uptake in all three phrases of her mid-right thigh. Much of this was in the soft tissue and was felt to represent soft tissue trauma and probably forming myositis ossificans, although an underlying fracture of her femur could not be ruled. Dr. Mendelson also noted a fracture of T5 and L2 nondisplaced. He did not give any restrictions for full rehab protocol. He recommended full weight bearing of bilateral lower extremities and bilateral upper extremities with follow-up with x-rays in 4 weeks' time.

Alison was seen by Dr. Mendelson on 08/31/00. He noted that she had good motion in upper extremities. Her right forearm was stable. She has palpable exuberant callous of the right mid-forearm, but no apparent tenderness. Her spine was straight and there was no spinal or premuscle tenderness. X-ray of the forearm showed the fracture to be completely healed. X-ray of the back showed no evidence of scoliosis. There was mild compression fracture that was healing. Dr. Mendelson recommended follow-up in 6 weeks' time with AP/lateral x-rays of the forearm and sitting AP/lateral scoliosis radiographs.

Alison was seen by Dr. Mendelson in follow-up on 10/04/00. Her ulna fracture had healed and was in anatomic alignment. Vertebral fractures appeared healed. He felt she was doing well and no further follow-up was required.

Neurological Consultation:
Alison was seen by pediatric neurologist, Patricia Crumrine, M.D., on 10/14/00. Dr. Crumrine's impression was that of traumatic brain injury, status post right subdural hematoma and left occipital intraventricular hemorrhage with diffuse axonal injury and shear injuries secondary to a motor vehicle accident on 07/09/00. Dr. Crumrine noted her marked improvement in all four extremities, however, she did manifest cognitive, memory and personality problems. She reviewed the plans outlined in the rehab program and had no further suggestions to make at the time other than to monitor procedures and to have repeat neurological evaluation prior to discharge.

COURSE AT THE INSTITUTE
On admission Alison was on tube feedings with Os-Cal 90 cc per hour. She was placed on an oral stimulation program with a progressive oral feeding program to follow. Her medications consisted of Zantac 150 mg by tube b.i.d., Dantrium 25 mg by tube daily, Ativan 1 mg by tube q8h p.r.n. for agitation, Tylenol 500 mg by tube p.r.n., Bacitracin Ointment to occipital decubitus b.i.d., Albuterol aerosol to trach q4h followed by chest PT. She was on supplemental oxygen to keep her SO2 above 90-92 percent. Bowel care consisted of Dulcolax Suppository 1 q.o.d. p.r.n. and her monilial rash was treated with dilute vinegar rinses with good drying and topical application of Lotrimin Cream. Mouth care consisted of Mycostatin Oral Solution 5 cc swab q.i.d. She was given Artificial Tears 1 drop in both eyes during the day and Lacri-Lube to both eyes at night. One ounce of yogurt with live cultures were added to her tube feedings every shift. As noted above, she was found to have an irregularity of her right arm which was found to be due to a right mid-ulnar fracture that had not been addressed in acute care. She also had a swelling of her right thigh which was secondary to soft tissue injury and early heterotopic ossification. She was monitored by the pediatric physiatrist and pediatric orthopedist as noted above under consultations.

Shortly after admission her continuous feeds were changed to bolus feeds which she tolerated well. She did have a productive cough and remained essentially medically stable for the remainder of her stay. Her trach was capped on 08/23/00 her SAO2 stats remained stable and she was decannulated which was prior to her modified barium swallow. Thereafter she continued to do well with oral feedings and by the time of discharge she eating a regular diet with thin liquids using a double swallow without problem. Her discharge weight was 100.9 pounds, which was approximately 1% below her ideal body weight of 102 pounds. She did develop a slight granuloma of her G-tube that responded to topical

Kenalog. She did have colonization of her G-tube site with bacteria, however, after her G-tube was removed on 10/10/00 the area healed without problem.

Alison was placed in a comprehensive rehab program with physical therapy, occupational therapy, speech-language therapy and psychology. She made significant gains while in program, however, as she improved motorically it was apparent that she was extremely impulsive and safety was of concern. She manifested significant cognitive and short term memory problems which were her primary deficits. At the time of discharge she was continent day and night on a toileting program, but continued to perseverate on toileting. She was started to be weaned from her optima bed. In physical therapy she was ambulating on even and uneven surfaces and grades with supervision for occasional loss of balance using her left hinged AFO. The left hinged AFO improved her gait considerably. She needed constant cuing to pay attention and not be impulsive. In occupational therapy she was able to don her shirt and jacket with set-up and supervision. She needed help with fasteners. She could don elastic waistband pants with monitored assistance. Toilet transfers were minimal assistance for impulsivity and safety. She was incorporating her left upper extremity in tasks more spontaneously, but she still had 25 degree flexion and 25-30 degree abduction and 40 degree extension rotation of her left shoulder. She did much better with the left shoulder range in pool therapy and it was suspected that she may have had a brachial plexus injury since she had some rotator cuff weakness and thenar and hypothenar atrophy on the left. In speech-language therapy she was talking in low tone with a whisper. She was extremely perseverative and confused with short term memory problems. At the time of her transfer to Health South it was estimated that she would another 2-3 weeks of intensive rehabilitation. There was concern that there were limited services in her rural community of Clearfield County. Because of the long traveling distance from home to The Children's Institute, her parents sought placement closer to home. Alison was accepted by the Health South facility and she was transferred to that facility to complete her inpatient rehab. During her stay Alison was monitored by the neuropsychologist, but she had not completed any formal neuropsychological testing. This will have to be done at Health South Altoona rehab in order to help plan for her educational needs post discharge.

PLAN

1. Transfer to Health South Altoona facility for ongoing rehab.
2. Discharge plan will be completed by the staff at Health South when she is ready to be transferred to outpatient rehab program.

Dictated By: CHORAZY,ANNA J (MD)
Text Status: **FINAL**
Signed By: Anna J Chorazy M.D
CHORAZY,ANNA J (MD)

Typist: OLSON,NANCY
Date Received: 10/20/2000
Date Typed: 10/23/2000

fc: Scan Copy + Mail Koehler Erie office

ERIE INSURANCE GROUP

Branch Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • (814) 451-5000
Toll Free 1-800-458-0811 • Fax (814) 451-5060 • http://www.erie-insurance.com

LINDA D. KUHL, AIC
Branch Claims Manager

February 20, 2001

Nicholas, Perot & Strauss
Attention: Lawrence Strauss, Esq.
12364 Main Road
Akron, NY 14001

Re: ERIE Claim #010110358899
ERIE Insured: Kenneth Long
Date of Loss: 7/9/2000
Your Client: Kenneth Long,
Parent & Natural Guardian
Of Allison Long

Dear Mr. Strauss:

This letter follows up my phone message of February 16, 2001. Please be advised that Erie Insurance has tendered its $200,000.00 Uninsured Motorists Coverage limits for the settlement of your client's claim. It is my understanding that your client wishes to consider a structured settlement for all or part of the settlement and that Attorney Koehler will be sending suggestions as to how this settlement should be structured.

Upon receipt of that information, I will obtain some quotes and present them to you. Once you have agreed on which structure to accept, the final paperwork will be sent to you and we will move towards finalizing the claim. As you know, this will include court approval for Allison's settlement.

Please call me if you have any questions regarding this letter.

Sincerely,

Barry Warner

Barry Warner
Telephone Claims Representative
Erie Branch Claims
1-800-458-0811, Ext. 5051

BW:ad

EXHIBIT
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Market Claim Office
#4 Sheraton Drive
Altoona PA 16601

Allstate.
You're in good hands.

January 17, 2001

MICHAEL J. KOEHLER, ESQUIRE
2527 WEST 26TH STREET
ERIE, PA 16506

MARK F. BENNETT, ESQUIRE
5850 ELLSWORTH AVE - #200
PITTSBURGH, PA 15232

JEFFREY M. ROSENBAUM, ESQUIRE
1818 MARKET STREET
PHILADELPHIA, PA 19103

Claim Number: 6941543479-A21
Date of Loss: 7/9/00
Our Insured: JOHN VISNOFSKY & ANDREW VISNOFSKY
Your Client's: ALLISON LONG, JAMES BLALOCK JR., DECEASED, JUSTIN VICKERS

Dear Mr. Koehler, Mr. Bennett & Mr. Rosenbaum:

Please allow this letter to serve as a follow up to my recent telephone discussions related to the above stated case. As discussed Allstate Insurance Co. is willing to offer the per accident limit of $50,000.00 in exchange for a general release of both John Visnofsky and Andrew Visnofsky as full and final settlement of this case as it relates to our insured's.

I think you would all agree that if acceptable to all involved parties, the easiest way to accomplish this is for there to be consensus agreement between all 3 plaintiff's on how to distribute the limit. I would suggest that the three of you communicate between yourselves to see if you can arrive at such an agreement.

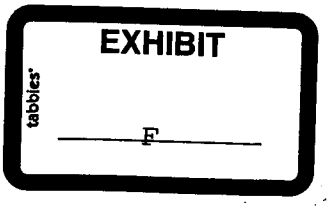
I have enclosed a copy of John Visnofsky's policy data print indicating the Bodily Injury Limits to be $25,000.00 per person/ $50,000.00 per accident.

If there is any additional information I can provide, please contact me directly. Thank you for your cooperation in this matter.

Sincerely,

Steve Shisler

Steve Shisler
814-940-7453



IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

NEW HAMPSHIRE INDEMNITY INSURANCE COMPANY,
Plaintiff,
vs.
ANDREW E. VISNOFSKY, a minor, by and through his parent and natural guardian, VICTORIA L. VISNOFSKY and VICTORIA L. VISNOFSKY, in her own right; JOHN E. VISNOFSKY, KENNETH J. LONG and KATHIE M. LONG, his wife, as parents and natural guardians of ALISON M. LONG, a minor, and in their own right; SHERI HARASYMIW and CHRISTOPHER SMITH, as legal guardians of JUSTIN D. VICKERS, a minor, SHERI HARASYMIW and CHRISTOPHER SMITH in their own right; and the Estate of JAMES A. BLAYLOCK, deceased, by the representative of his Estate, PRISCILLA KEPHART,
Defendants.

CIVIL DIVISION

No.:

COMPLAINT FOR DECLARATORY JUDGMENT

Filed on behalf of Plaintiff:
NEW HAMPSHIRE INDEMNITY INSURANCE COMPANY

Counsel of Record for this party:
JEFFREY A. RAMALEY, ESQUIRE
Pa. I.D. #41559
JOHN K. BRYAN, ESQUIRE
Pa. I.D. 62901

ZIMMER KUNZ
PROFESSIONAL LIMITED LIABILITY COMPANY
Firm #920
3300 USX Tower
Pittsburgh, PA 15219

(412) 281-8000

TO: All Parties

You are hereby notified to file a written response to the enclosed NEW MATTER within twenty (20) days from service hereof or a judgment may be entered against you.

Attorneys for Plaintiff

Document #: 209554
0171.0014

EXHIBIT
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IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

NEW HAMPSHIRE INDEMNITY INSURANCE COMPANY,
Plaintiff,

vs.

ANDREW E. VISNOFSKY, a minor, by and through his parent and natural guardian, VICTORIA L. VISNOFSKY and VICTORIA L. VISNOFSKY, in her own right; JOHN E. VISNOFSKY, KENNETH J. LONG and KATHIE M. LONG, his wife, as parents and natural guardians of ALISON M. LONG, a minor, and in their own right; SHERI HARASYMIW and CHRISTOPHER SMITH, as legal guardians of JUSTIN D. VICKERS, a minor, SHERI HARASYMIW and CHRISTOPHER SMITH in their own right; and the Estate of JAMES A. BLAYLOCK, deceased, by the representative of his Estate, PRISCILLA KEPHART,
Defendants.

CIVIL DIVISION

No.:

NOTICE TO DEFEND

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the Complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

LAWYER REFERRAL SERVICE
THE COURT ADMINISTRATOR OF CLEARFIELD COUNTY
2ND FLOOR, CLEARFIELD COUNTY COURTHOUSE
CLEARFIELD, PA 16830
TELEPHONE: (814) 765-2641

COMPLAINT FOR DECLARATORY JUDGMENT

AND NOW, comes the Plaintiff, **NEW HAMPSHIRE INDEMNITY INSURANCE COMPANY,** by its attorneys, **ZIMMER KUNZ, PROFESSIONAL LIMITED LIABILITY COMPANY, JEFFREY A. RAMALEY, ESQUIRE AND JOHN K. BRYAN, ESQUIRE,** and files the following Complaint for Declaratory Judgment and, in support thereof, avers as follows:

1. The Plaintiff is a corporation authorized to sell automobile insurance policies in the Commonwealth of Pennsylvania.

2. The Defendant, Andrew E. Visnofsky is a minor whose parent and natural guardian is Victoria L. Visnofsky, and who resides on Main Street, P. O. Box 257 in Madera, Clearfield County, Pennsylvania 16661.

3. The Defendant, Victoria L. Visnofsky, is an adult individual who is the parent and natural guardian of Andrew E. Visnofsky, a minor, and who resides at Main Street, P. O. Box 257, Madera, Clearfield County, Pennsylvania 16661.

4. The Defendant, John E. Visnofsky, is an adult individual and is the parent and natural guardian of Andrew E. Visnofsky, a minor, and resides on Main Street, P. O. Box 466, Madera, Clearfield County, Pennsylvania 66661.

5. The Defendants, Kenneth J. Long and Kathie M. Long, are adult individuals who are husband and wife, and who are parents and natural guardians of the minor,

Alison M. Long, residing on State Route 0053, P. O. Box 292, Madera, Clearfield County, Pennsylvania 16661.

6. The Defendants, Sherri Harasymiw and Christopher Smith, are adult individuals and legal guardians of Justin D. Vickers, a minor, who reside on Lynn Street, P. O. Box 361, Madera, Clearfield County, Pennsylvania 16661.

7. The Defendant, Pricilla Kephart, is an adult individual who is the personal representative of t4he Estate of James A. Blaylock, deceased, and whose mailing address is P.O. Box 283, Madera, Clearfield County, Pennsylvania 16661.

8. Prior to July 9, 2000, Plaintiff sold a policy of automobile insurance to Defendant, Victoria L. Visnofsky. A true and correct copy of the declaration page to said policy and the relevant portions of said policy are attached hereto and marked as Exhibit "A".

9. On or about July 9, 2000, Defendant, Andrew E. Visnofsky, was operating a 1990 Mazda automobile bearing Pennsylvania title or out-of-state vehicle identification number 51582210 when it was involved in a motor vehicle accident out of which the Defendant Longs, Vickers and Blaylocks allegedly suffered injuries and damages.

10. At the time of the motor vehicle accident in question, Defendant, Andrew E. Visnofsky was using the vehicle without a reasonable belief that he was entitled to do so for the following reasons:

(a) Defendant, Victoria L. Visnofsky, did not give Defendant, Andrew E. Visnofsky, permission to operate the vehicle;

(b) Defendant, Victoria L. Visnofsky, did not engage in any course of conduct from which Defendant, Andrew E. Visnofsky, could reasonably infer that he had permission to operate the vehicle;

(c) That Defendant, Andrew E. Visnofsky, knew and/or should have known that he did not have Defendant, Victoria L. Visnofsky's permission to operate the vehicle;

(d) That Defendant, Andrew E. Visnofsky, was under the legal age to operate a vehicle and did not have a license to operate a motor vehicle;

(e) That the vehicle did not have a registration plate;

(f) That the vehicle was not currently registered; and

(g) That because of the mechanical condition of the car, it was not to be driven.

11. The motor vehicle operated by Andrew E. Visnofsky at the time of the accident was not a vehicle shown in the declaration page of the policy in question, and was a vehicle owned by Defendant, Victoria L. Visnofsky.

12. Defendant, Victoria L. Visnofsky, did not ask Plaintiff to insure the aforementioned automobile within thirty (30) days after she became the owner of the vehicle.

13. The aforementioned vehicle was not a replacement vehicle for any vehicle shown in the declaration page of the policy.

14. The Long Defendants filed a Complaint in Civil Action in the Court of Common Pleas of Clearfield County, Pennsylvania at Civil Action, Law 2000-1487-CD. Attached hereto and marked as Exhibit "B" is a true and correct copy of said Complaint.

15. Defendant, Victoria L. Visnofsky, has submitted this Complaint to the Plaintiff and has requested defense and coverage from the Plaintiff for the matters set forth in the Complaint.

16. Plaintiff submits that Andrew E. Visnofsky and Victoria L. Visnofsky are not entitled to coverage under the aforementioned policy of insurance in that Andrew E. Visnofsky operated the motor vehicle without a reasonable belief that he was entitled to do so and said vehicle was owned by the named insured, Victoria L. Visnofsky, but was not a "covered auto" under the policy.

WHEREFORE, for the reasons set forth above, the Plaintiff, **NEW HAMPSHIRE INDEMNITY INSURANCE COMPANY**, requests that this Court enter a declaration that it has no duty to defend and/or indemnify Andrew E. Visnofsky and Victoria L. Visnofsky in this Civil Action or in any other Civil Action(s) to be filed as a result of the motor vehicle accident of July 9, 2000.

Respectfully submitted,

ZIMMER KUNZ
PROFESSIONAL LIMITED LIABILITY COMPANY

BY _____

JEFFREY A. RAMALEY
JOHN K. BRYAN
ATTORNEYS FOR PLAINTIFF
NEW HAMPSHIRE INDEMNITY
INSURANCE COMPANY

Document #: 209554
0171.0014

VERIFICATION

I, KENNETH W. BOHN, of NEW HAMPSHIRE INDEMNITY INSURANCE COMPANY, have read the foregoing Complaint for Declaratory Judgment. The statements therein are correct to the best of my personal knowledge, information and belief.

This statement and verification is made subject to the penalties of 18 Pa.C.S.§4904 relating to unsworn fabrication to authorities, which provides that if I make knowingly false averments, I may be subject to criminal penalties.

Date: 2/15/01

Kenneth W. Bohn

JOHN E. NICHOLAS *+
LAWRENCE A. PEROT*
LAWRENCE J. STRAUSS*

JAMES M. MALOY*
SANTO A. CAMPANELLA*
MICHAEL G. REINHARDT*
DANIEL T. SMITH *
ALAN P. McCRACKEN*
KRIS E. LAWRENCE *
MICHAEL J. WELCH*
MICHAEL J. KOEHLER-
JEFFREY MONCHER*
SAREER FAZILI*
ERIC P. SMITH*
MARC S. BROWN*
THOMAS P. WALL, II-
STEPHEN J. GIUNTA*
JOHN A. CAVICCHIO, III -

RONALD R. GILBERT^
of Counsel
SAL ALESSI
Claims Specialist

NICHOLAS, PEROT & STRAUSS
A PROFESSIONAL CORPORATION
ATTORNEYS & COUNSELORS AT LAW
2527 WEST 26TH STREET
ERIE, PENNSYLVANIA 16506
(814) 833-8851 FAX (814) 835-4632

MICHAEL J. KOEHLER
MANAGING PARTNER
THOMAS P. WALL, II
JOHN A. CAVICCHIO, III
ERIE OFFICE

OFFICES:
ERIE, WARREN, BRADFORD
NORTH EAST, CORRY &
CONNEAUT LAKE

NEW YORK OFFICES:
BUFFALO, ROCHESTER
SYRACUSE, & UTICA

*Admitted in NY
+Admitted in PA
^Admitted in MI

REPRESENTATION AUTHORIZATION

IT IS AGREED THAT THE ATTORNEYS AT NICHOLAS, PEROT & STRAUSS SHALL BE THE EXCLUSIVE ATTORNEYS AND REPRESENTATIVES OF THE UNDERSIGNED CLIENTS RELATING TO AN INCIDENT WHICH TOOK PLACE:

DATE: 7-9-00 LOCATION: Betz Road; Clearfield County

THE ATTORNEYS FEE SHALL BE AS SET FORTH BELOW:

33.33% OF ALL SUMS COLLECTED WITH COURT APPROVAL

IN ADDITION TO SAID FEES, THE ATTORNEYS SHALL BE REIMBURSED FROM THE SETTLEMENT FOR ALL OUT-OF-POCKET COSTS INCLUDING: COURT COSTS, FILING FEES, MEDICAL RECORDS AND REPORT FEES, PHOTOGRAPHY FEES, COPIES AND POSTAGE.

THE AFORESAID ATTORNEYS HAVE AUTHORITY TO SUE THIS CLAIM IF THEY FEEL SUIT IS NECESSARY.

DATED: 8-22-00

x Kenneth J. Long Sr.
Ken J. Long Sr. as P/N/G
of Alison Long
and in own right.

EXHIBIT
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HIGHMARK
Blue Cross Blue Shield

December 21, 2000

Nicholas, Perot, Strauss
2527 West 26th Street
Erie, PA 16506

RE:

Patient Name:	**Alison Long**
Blue Cross #:	**187-70-5138**
Group #:	**058741-40**
Accident Date:	**7/9/00**

Dear Sir/Madam:

Please be advised that Highmark Blue Cross Blue Shield is not pursuing subrogation for the above listed patient due to injuries sustained as a result of the auto accident of 7/9/00.

At this time, we do not have a lien and our files are closed regarding this matter.

Thank you for your cooperation.

Sincerely,

Auto Reviewer
Group Savings Services
1-800-962-1162

Cynthia Rudolph Dugan

EXHIBIT
tabbies
I

Phone: (412)544-0349
Fax: (412)544-2442

Highmark

Fax

To:	Michelle	**From:**	Tom Moran
Fax:	412-431-4067	**Date:**	June 18, 2001
Phone:		**Pages:**	1
Re:	ID#202-48-4560	**CC:**	

☐ **Urgent** ☑ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments:

Hi Michelle, Alison Long incurred 23 claims for the months of November and December 2000. The total amount Highmark BCBS paid was $4,632.50. All services were rendered at HealthSouth Rehab Hospital of Altoona and the services were for physical, speech and occupational therapy. I have requested the duplicate eobs and should receive them with in ten days and I'll forward them to you.Thanks!

EXHIBIT
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VICTIM / WITNESS PROGRAM
OFFICE OF THE DISTRICT ATTORNEY
OF CLEARFIELD COUNTY
230 EAST MARKET STREET, SUITE 217
CLEARFIELD, PENNSYLVANIA 16830

(814) 765-2641

PAUL E. CHERRY
District Attorney

JUDY A. SHIREY
Victim/Witness Coordinator

May 9, 2001

Michael Koehler

Attorney for Ken Long and Allison Long

Dear Mr. Koehler,

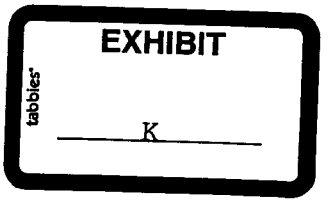
As per our phone conversation on May 9, 2001 regarding your work for the Long family, I am faxing you the Pennsylvania Commission on Crime and Delinquency (PCCD), Victims Compensation Division, Crime Victims Compensation Claim information you requested. This fund is a payor of last resort where all payment options must be used before they will pay a claim. This includes the underinsured - uninsured motorist portion of the auto insurance for Mr. Ken Long, which is used as the Visnofsky vehicle was not insured under Victoria Visnofsky's auto insurance. If that is available, they request that is used first to pay the provider bills.

In reference to what I have submitted to PCCD for Allison they are reviewing the claim at present and should rule soon. I have a call into the Legal Assistant to get the status of the claim as of the date of this fax.. I have submitted for a total amount of unpaid medical bills - $2,525.00 payable to the providers. I will let you know what I find out about the staus of the claim as soon as they return my call later today.

I am happy to assist you as best I can, however I must tell you that I cannot be part of any Civil actions due to my position as part of the District Attorneys office. Also, I must work in the confines of confidentiality to the Long family as to the specific personal information regarding the case. I can be of further assistance to you, please call me at (814) 765-2641, ext. 1270. Thank you.

Margie Rosselli

Margie Rosselli
Victim/Witness Advocte
Juvenile Division



IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

KENNETH J. LONG and KATHIE M. LONG, his wife, as parents and natural guardians of ALISON M. LONG, a minor, and in their own right, Plaintiffs	:	No. 2001 - 1119-CD
v.	:	
ERIE INSURANCE EXCHANGE, Defendant	:	

VERIFICATION

I, Kathie Long, individually and as parent and natural guardian of minor Plaintiff Alison M. Long, verify that the statements made in the foregoing Petition to Approve Settlement of Minor's Claim are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

Kathie Long

Kathie Long, individually and as p/n/g of Alison M. Long, a minor.

Date: June 30, 2001

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

KENNETH J. LONG and KATHIE M. LONG, his wife, as parents and natural guardians of ALISON M. LONG, a minor, and in their own right, Plaintiffs	:	No. 2001 - 1179-CD
v.	:	
ERIE INSURANCE EXCHANGE, Defendant	:	

VERIFICATION

I, Kenneth J. Long, individually and as parent and natural guardian of minor Plaintiff Alison M. Long, verify that the statements made in the foregoing Petition to Approve Settlement of Minor's Claim are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

Kenneth J. Long

Kenneth J. Long, individually and as p/n/g of Alison M. Long, a minor.

Date: 6/30/01

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

KENNETH J. LONG and KATHIE M. LONG, his wife, as parents and natural guardians of ALISON M. LONG, a minor, and in their own right, Plaintiffs	:	No. 2001 - 1119-CD
v.	:	
ERIE INSURANCE EXCHANGE, Defendant	:	

CERTIFICATE OF SERVICE

I hereby certify that on the 9 day of July, 2001, the foregoing Petition to Approve Settlement of Minor's Claim and attached Order were served by regular mail upon the following individuals in accordance with all applicable rules of court:

The Honorable John K. O'Reilly
Clearfield County Courthouse
230 East Market Street
Clearfield, PA 16830

Barry Warner
Erie Insurance Group
100 Erie Insurance Place
Erie, PA 16530

NICHOLAS, PEROT, STRAUSS & KOEHLER, P.C.

BY _____
Michael J. Koehler, Esquire

FILED

JUL 12 2001

William A. Shaw
Prothonotary

pd 80.00

NCC

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

KENNETH J. LONG and KATHIE M. LONG, his wife, as parents and natural guardians of ALISON M. LONG, a minor, and in their own right, Plaintiffs	:	No. 2001 - 01119-CD
v.	:	
ERIE INSURANCE EXCHANGE, Defendant	:	

FILED

JUL 19 2001

William A. Shaw
Prothonotary

AMENDED PETITION TO APPROVE SETTLEMENT OF MINOR'S CLAIM

AND NOW, comes the Petitioners, Kenneth J. Long and Kathie M. Long, as parents and natural guardians of Alison M. Long, a minor, by and through their counsel, **Nicholas, Perot, Strauss & Koehler, P.C.,** and files this Petition to Approve Settlement of Minor's Claims, the content of which is as follows:

1. That Petitioners Kenneth J. Long and Kathie M. Long, are husband and wife and the parents and natural guardians of Alison M. Long, a minor, presently residing at Rt. 53, P.O. Box 292, North Madera, Pennsylvania 16661.

2. That Alison M. Long is presently 13 years old and her birth date is September 19, 1987 and she presently resides at Rt. 53, P.O. Box 292, North Madera, Pennsylvania 16661.

3. That this matter arises out of a personal injury claim against the Defendants, Andrew E. Visnofsky, a minor, believed to be residing with his father, Defendant John E. Visnofsky at P.O. Box 466, North Madera, Clearfield County, Pennsylvania 16661 and his mother, Defendant Victoria L. Visnofsky presently residing at Main Street, P.O. Box 257, North Madera, Clearfield County, Pennsylvania 16661. That action is pending in Clearfield County at

No. 2000-1487-CD.

4. That the accident which resulted in this litigation occurred on or about July 9, 2000 at approximately 12:36 p.m., when minor Defendant Andrew E. Visnofsky was operating a 1990 Mazda 323 registered to his mother, Defendant Victoria L. Visnofsky, on Bigler Township Route 555, more commonly know as Betz Road, in Bigler Township, Clearfield County, Pennsylvania. At that time, he left the roadway and struck a utility pole located off the western berm.

5. That minor Plaintiff Alison M. Long was a rear-seat passenger in the above motor vehicle and suffered severe, serious and permanent injuries as outlined below.

6. That Plaintiff Alison M. Long was initially treated at the scene and flown to Conemaugh Memorial Hospital where she was admitted from July 9, 2000 to July 28, 2000. Her initial diagnosis was severe head injury. Alison underwent an emergency ventriculostomy to relieve intercranial pressure. On July 28, 2000, she was discharged and transferred to Children's Institute of Pittsburgh. Her discharge diagnosis was as follows:

A. Right frontoparietal subdural hematoma;

B. Left occipital horn intraventricular hemorrhage;

C. Right parietal diffuse axonal injury;

D. Mid brain and brain stem shear injury;

E. Corpus callosum shear injury;

F. Right basal ganglia shear injury;

G. Bifrontal hemorrhagic shear injury;

H. T3, T5 and T6 compression fractures;

I. L1, L2 and L3 compression fractures;

J. Moderate hypothermia.

(A copy of the relevant Conemaugh Memorial Hospital Emergency Room Notes, Report of Consultation of Carl Greene, M.D., PhD, Operative Reports and Discharge Summary are attached as Exhibit "A".)

7. The patient's condition had not stabilized and she was transferred to the Children's Institute in Pittsburgh from July 28, 2000 to October 21, 2000. Her Discharge Summary at that time was as follows:

A. Traumatic brain injury, severe craniocerebral trauma with right subdural hematoma and left interventricular hemorrhage with defuse axonal injuries and shear injuries secondary to motor vehicle accident on 07/09/2000.

B. Compression fractures of thoracic lumbar spine, healed.

C. Fracture of right forearm, healed.

D. Heterotopic ossification right lower extremity, improved.

E. Occipital decubitus, healed.

F. Monilial dermatitis of the perineal buttock area, resolved.

G. Tracheostomy, decannulated.

H. PEG tube removed.

I. Pneumonia resolved.

J. Remote urinary tract infection, resolved.

K. Remote Staphylococcus epidermitis sepsis, treated and resolved.

L. Anemia, resolved.

(A copy of the relevant Children's Institute Medical History and Physical, Medical Discharge Summary, Rehabilitation Nursing Discharge Summary, Neurological Consultation,

Physical Medicine and Rehabilitation Inpatient Evaluation, Physical Therapy Discharge Summary and Speech and Language Discharge Summary are attached as Exhibit "B".)

8. On October 21, 2000, she was transferred to Healthsouth Rehabilitation Hospital in Altoona, Pennsylvania. The patient was admitted to inpatient therapy on 10/21/00 and discharged on 10/23/00. Her admitting and final diagnosis included activities of daily living and ambulatory disfunction secondary to status post motor vehicle accident with resulting closed head injury. She was to follow up with a Day Treatment Program at Healthsouth Rehabilitation for physical therapy, occupational therapy and speech therapy. She was seen for these type of therapies from 10/25/00 to her discharge on 12/19/00.

a. With regard to physical therapy, she met the goal of being able to ambulate community distances without an assistant device. However, she did not meet her goals of increasing bilateral lower extremity strength 5/5 or balance skills. She was discharged to a home exercise program with assistance of her parents.

b. With regard to occupational therapy, she was able to meet some of her goals and not others. She was able to demonstrate increased written and verbal functions as well as reaction time and attention span. She required supervision with basic activities of daily living. It did not appear whether she met the criteria to be able to return to regular academic programs.

c. With regard to speech therapy, her discharge diagnosis was cognitive linguistic disfunction secondary to traumatic brain injury. They believe that Alison would benefit from a life skills class that is highly structured and supportive. The therapist indicated that she achieved a Rancho Loss Amigos VI Level from a V Level. (A copy of the relevant Healthsouth history and physical exam, consultation, discharge summary as well as occupational therapy, physical therapy and speech therapy initial evaluations and discharge summaries are attached

hereto as Exhibit "C".)

9. That on May 23, 2001, Dr. Anna Chorazy issued a narrative report. (A copy of the narrative report is attached hereto as Exhibit "D".) At the time of her transfer to Healthsouth Altoona Rehabilitation Hospital on October 21, 2000, her physical limitations were moderate, **mainly mild left sided weakness and some instability of gait**. Her major problems were related to her **cognitive and short term memory deficits**. Alison was not considered to have completed recovery from her injury by the time of her transfer.

10. Petitioners Kenneth J. Long and Kathie M. Long have an automobile insurance policy with Erie Insurance which provides underinsured motorist benefits in the amount of $100,000.00 stacked on two vehicles for a total of $200,000.00 in coverage.

That by letter dated February 20, 2001 from Barry Warner, the claims adjuster for Erie Insurance, offers the payment of the $200,000.00 limits. (A copy of the letter from Barry Warner of Erie Insurance dated February 20, 2001 is attached hereto as Exhibit "E")

11. That after filing a Complaint against the above Defendant and extensive investigations and negotiations, the insurance carrier for John E. Visnofsky and Andrew Visnofsky, Allstate Insurance Company, by letter dated January 17, 2001, has offered its policy limits of $25,000.00 to resolve this matter. (A copy of the Allstate Insurance Company letter dated January 17, 2001 is attached hereto as Exhibit "F".)

12. New Hampshire Indemnity Company has filed a Declaratory Judgment Action against Andrew Visnofsky, his parents and the injured passengers and their family's in Clearfield County No. 01-657-CD. The undersigned counsel will defend the Longs with regard to the Declaratory Judgment Action. (A copy of the Complaint for Declaratory Judgment Action, minus exhibits is attached hereto as Exhibit "G".)

13. It is Long's desire to settle this matter at this time with Erie Insurance Exchange for Underinsured Motorist Benefits of $200,000.00. Plaintiffs will pursue litigation against Andrew Visnofsky, a minor, John Visnofsky and Victoria Visnofsky at 2000-1487-CD, Clearfield County.

14. That Petitioners have entered their attorney fee agreement with Nicholas, Perot, Strauss & Koehler for 33% of all sums collected, which has been unilaterally reduced to 30% as a result of this minor's settlement. As such, Attorneys fees would amount to $60,000.00. (A copy of the fee agreement is attached hereto as Exhibit "H")

15. That medical bills were paid by Highmark Blue Cross Blue Shield. That by letter dated December 21, 2000, Highmark Blue Cross Blue Shield indicated they were not pursing any subrogation lien with regard to the above-captioned motor vehicle accident. (A copy of the Highmark Blue Cross Blue Shield letter dated December 21, 2000 confirming that no lien exists is attached hereto as Exhibit "I".)

16. Petitioner has inquired to Veritus Medicare Services on two occassions by Certified Mail dated December 28, 2000 and June 29, 2001, both of which have been received, as to the possibility that a Medicare Part A or Part B subrogation lien exists. Petitioner has not received any written confirmation that a lien, in fact, does exists. Petitioners contacted by telephone Joyce Frankfeld of Veritus Medicare Services on July 10, 2001 and left a message to contact our office immediately and no later than July 19, 2001 if a Medicare lien, in fact, does exists. To date, no correspondence has been received and it is assumed that there is no Medicare lien applicable. (A copy of the certified letters dated December 28, 2000 and June 29, 2001 are attachered hereto as Exhibit L.)

Petitioner further inquired with the Commonwealth of Pennsylvania Department of Public

Welfare and was informed by a letter dated July 18, 2001 that a lien for medical care in the amount of $2,519.12 existed. Petitioner was also informed that the amount could be reduced by 33 1/3 percent for a final amount of $1,679.25. (A copy of the Department of Public Welfare lien information is attached hereto as Exhibit M.)

17. That additional medical bills were paid by Plumbers and Pipe Fitters Union which has a lien in the amount of $4,632.50. Petitioner inquired as to whether this amount can be reduced and such was confirmed by Attorney Joseph Vater by telephone conversation of July 18, 2001 that they would accept $2,916.48 as payment in full. (A copy of the document indicating the Plumbers and Pipe Fitters lien in the amount of $4,632.50 is attached hereto as Exhibit "J".)

18. The Plaintiffs have been contacted by Margie Rosselli, from a Victim/Witness Advocate of the Juvenile Division of the Office of the District Attorney of Clearfield County. She has made an application to the Pennsylvania Commission on Crime and Delinquency (PCCD), Victim Compensation Division, for crime victims compensation for any unpaid medical bills which may not otherwise be covered by the automobile insurance carrier, the health insurance carriers, or Medicare/DPW. I find this fund is a payor of last resort which would pay any additional unpaid medical bills if Alison's funds are held in a Special Needs Trust. (A copy of Ms. Rosselli's May 9, 2001 letter is attached hereto as Exhibit "K".)

19. The expenses incurred by Nicholas, Perot, Strauss & Koehler in representing Alison M. Long were as follows:

a.	Clearfield County Prothonotary	$ 80.00
b.	Clearfield County Sheriff	$ 93.09
c.	UPMC Health System	$107.09
d.	U.S. Postal Service	$ 21.09
e.	Smart Corporation (Healthsouth Records)	$120.27
f.	Pa. State Police	$ 8.00
g.	PIP Printing	$ 33.23

h.	C & D Investigative Services	$343.70
I.	Erie Indemnity Company	$ 16.90
j.	Kinko's Copies	$116.39
k.	Commonwealth of PA, DDI	$ 5.00
	TOTAL	$944.76

20. Therefore, Petitioners request that the settlement proceeds for Alison M. Long be distributed as follows:

a.	Alison M. Long Irrevocable Special Needs Trust	$ 134,459.26
b.	Attorney's Fees (Nicholas, Perot, Strauss & Koehler)	$ 60,000.00
c.	Liens (various providers listed above)	$ 4,595.98
d.	Expenses (Nicholas, Perot, Strauss & Koehler)	$ 944.76
	TOTAL	$ 200,000.00

21. The Petitioners desire to compromise and settle these claims for the above figures because under all circumstances these settlements are fair and reasonable and it is unlikely that a better result could be obtained after Arbitration.

22. The Petitioners desire to place the funds available to Alison M. Long in an Irrevocable Special Needs Trust with the Clearfield Bank and Trust Company. (A copy of the Special Needs Trust is attached hereto as Exhibit N.)

WHEREFORE, Petitioners move this Honorable Court to approve the foregoing Settlement of Minor's Claim and to direct the payment of counsel fees and expenses as stated herein.

Respectfully submitted,

NICHOLAS, PEROT, STRAUSS & KOEHLER, P.C.

BY _____

Michael J. Koehler, Esquire
PA I.D. # 56195
2527 West 26th Street
Erie, PA 16506
(814) 833-8851
Attorneys for Petitioners

Date: 7/19/01

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

KENNETH J. LONG and KATHIE M. LONG, his wife, as parents and natural guardians of ALISON M. LONG, a minor, and in their own right, Plaintiffs	:	No. 2001 - 01119-CD
v.	:	
ERIE INSURANCE EXCHANGE, Defendant	:	

FILED

JUL 19 2001

William A. Shaw
Prothonotary

01/10/2cc atty Koehler

ORDER

AND NOW, to-wit this 19 day of July, 2001, it is hereby ORDERED, ADJUDGED and DECREED as follows:

1. The parties may compromise these claims upon the terms of the proposed compromise set forth in the Petition filed by Kenneth J. Long and Kathie M. Long.

2. Kenneth J. Long and Kathie M. Long, parents and natural guardians of Alison M. Long, a minor, are authorized to pay the following counsel fees and expenses from the amount said minor is entitled to receive in this action: $60,000.00 to Nicholas, Perot, Strauss & Koehler for counsel fees; $944.76 to Nicholas, Perot, Strauss & Koehler for expenses; $4,595.98 to Nicholas, Perot, Strauss & Koehler for liens.

3. The sum of $134,459.26 to be deposited in the Alison M. Long Irrevocable Special Needs Trust at Clearfield Bank and Trust Company. Counsel for Petitioners will provide proof of deposit within thirty (30) days.

BY THE COURT:

_____ J.

cc: Michael J. Koehler, Esquire
Barry Warner, Erie Insurance

NICHOLAS, PEROT & STRAUSS

A PROFESSIONAL CORPORATION

ATTORNEYS & COUNSELORS AT LAW

2527 WEST 26TH STREET

ERIE, PENNSYLVANIA 16506

(814) 833-8851 FAX (814) 835-4632

JOHN E. NICHOLAS*+
LAWRENCE A. PEROT*
LAWRENCE J. STRAUSS*

JAMES M. MALOY*
SANTO A. CAMPANELLA*
DANIEL T. SMITH*
ALAN P. McCRACKEN*
KRIS E. LAWRENCE*
MICHAEL J. WELCH*
MICHAEL J. KOEHLER+
ERIC P. SMITH*
THOMAS P. WALL, II+
BRYAN D. FIFE+
JEFFREY K. MONCHER*
EDWARD J. DINKI*
KRISTINE M. ARTELLO+>
MICHAEL R. ZOSH*
JUSTIN C. BARTH*
CRAIG H. BERNHARDT*

RONALD R. GILBERT+
of Counsel

SAL ALESSI
Claims Specialist

MICHAEL J. KOEHLER
MANAGING PARTNER
THOMAS P. WALL, II
BRYAN D. FIFE
KRISTINE M. ARTELLO
ERIE OFFICE

OFFICES:
ERIE, WARREN, BRADFORD
CORRY, CONNEAUT LAKE
& NORTH EAST

NEW YORK OFFICES:
BUFFALO, ROCHESTER
SYRACUSE & UTICA

*Admitted in NY
+Admitted in PA
^Admitted in MI
> Admitted in OH

December 28, 2000

VIA CERTIFIED MAIL

Veritus Medicare Services
120 Fifth Avenue
PO Box 1060
MSP Unit
Pittsburgh, PA 15230-1060

RE: Alison M. Long
DOB: 9/19/87
SSN: 187-70-5138
DOA: 7/9/00

To Whom It May Concern:

Please be advised this office represents Kenneth and Kathie Long, the parents of Alison Long who was seriously injured in a motor vehicle accident on the above-captioned date. It is my understanding that they have since applied for Social Security Disability and Medicare coverage and the same has been approved. The purpose of this letter is to respectfully request a printout of any information that you have that medical bills were paid through Medicare Part A or Part B for treatment for Alison Long regarding the motor vehicle accident. Enclosed is an Authorization allowing us to obtain this information. It is our intention to seek Court approval of a potential settlement in this matter in the very near future and we need such information to provide to the Judge. As such, your immediate attention to this matter is greatly appreciated.

Very truly yours,

Michael J. Koehler, Esq.

MJK/asp
Enclosure
cc: Kenneth Long

EXHIBIT

L

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Veritus Medicare Ser.
120 Fifth Avenue
PO Box 1000
MSP Unit
Pittsburgh PA 15230-

2. Artic
70

PS For

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
MAIL CONTROL
JAN 3 2001

3. Service Type HIGHMARK BLUE CROSS BLUE SHIELD

☑ Certified Mail ☐ Express Mail
☑ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2595-99-M-1789

JOHN E. NICHOLAS *+
LAWRENCE A. PEROT*
LAWRENCE J. STRAUSS*
MICHAEL J. KOEHLER+

JAMES M. MALOY*
SANTO A. CAMPANELLA*
DANIEL T. SMITH *
ALAN P. McCRACKEN*
KRIS E. LAWRENCE *
MICHAEL J. WELCH* ~
ERIC P. SMITH*
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JESSE P. RYDER *

RONALD R. GILBERT+^
of Counsel

SAL ALESSI
Claims Specialist

NICHOLAS, PEROT, STRAUSS & KOEHLER

A PROFESSIONAL CORPORATION
ATTORNEYS & COUNSELORS AT LAW
2527 WEST 26TH STREET
ERIE, PENNSYLVANIA 16506
(814) 833-8851 FAX (814) 835-4632

MICHAEL J. KOEHLER
MANAGING PARTNER
THOMAS P. WALL, II
BRYAN D. FIFE

OFFICES:
ERIE, WARREN, BRADFORD
NORTH EAST, CORRY &
CONNEAUT LAKE

NEW YORK OFFICES:
BUFFALO, SYRACUSE & ROCHESTER

*Admitted in NY
+Admitted in PA
^Admitted in MI
~Admitted in MA

June 29, 2001

Certified Mail

Joyce Frankfeld
Medicare Services
120 Fifth Avenue
PO Box 1060
MSP Unit
Pittsburgh, PA 15230-1060

RE: Our Client: Alison M. Long
DOB: 9/19/87
SSN: 187-70-5138
Group No.: 83688
DOA: 7/9/00

Dear Ms. Frankfeld:

Please be advised this office represents Kenneth and Kathie Long, the parents of Alison Long who was seriously injured in a motor vehicle accident. I have attempted numerous times to reach you by telephone at (412) 544-1828 with none of my messages being returned. I would respectfully request a printout of any and all medical bills that were paid through Medicare Part A or Medicare Part B for treatment of Alison Long regarding the motor vehicle accident. I have enclosed an authorization permitting us to obtain this information. If there were no payments made by Medicare, please send us a letter to that effect. It is our intention to seek Court approval of a potential settlement in this matter in the very near future and we need such information to provide to the Judge. As such, your immediate attention to this matter is greatly appreciated.

Very truly yours,

Ronda M. Wiesen

Ronda M. Wiesen, Legal Secretary
for Michael J. Koehler, Esquire

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joyce Frankfeld
Medicare Services
120 Fifth Avenue
P.O. Box 1060
MSP UNIT
Pittsburgh, Pa. 15230-1060

2. Article Number *(Copy from service label)*
7000 0600 0021 9438 7052

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X rec 7/11/01 X ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
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JUL 06 2001
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3. Service Type HIGHMARK
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

FACSIMILE COVER SHEET

FACSIMILE COVER SHEET

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF FINANCIAL OPERATIONS
TPL SECTION – CASUALTY UNIT
PO BOX 8486
HARRISBURG, PA 17105-8486

(717) 772-6617
FAX: (717) 772-6553

TO: Jayne

FROM: Jessica Bupp, TPL Program Investigator

RE: Alison Long, minor

MESSAGE: See attached. If you have any questions or concerns please call me.

FAX: (814) 835 - 4632 PAGES: 9 (including cover sheet)

Original documents will be sent via US mail.

EXHIBIT

M

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF FINANCIAL OPERATIONS
TPL SECTION CASUALTY UNIT
PO BOX 8486
HARRISBURG, PA 17105-8486

July 18, 2001

NICHOLAS PEROT STRAUSS & KOEHLER
MICHAEL J KOEHLER ESQUIRE
2527 WEST 26TH ST
ERIE PA 16506

Re: ALISON LONG (minor)
CIS #: 380150677
Incident Date: 7/9/2000

Dear Mr. Koehler:

We understand that you represent the above-referenced client, a recipient of medical and/or cash assistance, in a claim for personal injuries. As the attorney for a recipient of medical assistance, you have certain statutory obligations. In order to ensure that this case is handled to the mutual satisfaction of all concerned, I am writing to alert you to your responsibilities.

Your statutory responsibilities are set forth under Section 1409 of the Public Welfare Code, 62 P.S. §1409, as amended at Act 1994-49. If you file a lawsuit or make a claim against the tortfeasor or his insurance company, you are required to send written notice of that lawsuit or claim to the Department of Public Welfare within thirty (30) days. 62 P.S. §1409 (b)(5). Additionally, you are required to file a copy of that notice in the tribunal where the claim is pending, or if no tribunal is involved, with the insurance company or tortfeasor. Id. You are also required to send the Department of Public Welfare one-month's advance notice of any settlement of a claim or lawsuit. 62 P.S. §1409 (b)(12). Finally, you are required to assure satisfaction of the Department's claim before making any payment or distribution to yourself or your client. 62 P.S. §1409 (b)(9).

Effective August 15, 1994, the law now provides serious penalties if you fail to comply with the foregoing responsibilities. These penalties include criminal prosecution, civil liability, and the assessment of a $1,000.00 civil money penalty. 62 P.S. §1408.

You are also advised that Pennsylvania law now provides that the rights of medical assistance recipients to recover for the payment of medical care from any third party are assigned to the Department of Public Welfare by operation of law. 62 P.S. §1404. In the context of first party automobile medical benefits, or other health benefits, this means that you cannot file for these benefits without our approval. The unapproved submission of a claim for assigned benefits may constitute insurance fraud.

The Department of Public Welfare's Claim may include payments made by a Managed Care Organization (MCO) contracted by the Department. The Third Party Liability Section retains the right to pursue, collect, and retain all "other resources" including, but not limited to, recoveries from personal injury claims, liability insurance, first party automobile medical insurance, accident-indemnity insurance, and the assigned claims plan.

The Third Party Liability Section is the Secretary's designee in all matters covered by §1409 and, as such, is mandated to receive all notices or inquiries relative to this case. Please take a moment to insure that you have complied with the statutory notice requirement. All notices pursuant to §1409 (b)(5) should contain the following information:

1. the name of your client;
2. the client's social security number;
3. the client's address;
4. the docket number and tribunal where the claim is pending;
5. the name and address of the tortfeasor;
6. the insurance companies and claim numbers;
7. the name and address of the insurance adjusters and their telephone numbers;
8. the injuries that were sustained in this accident.

The Third Party Liability Section will assist you by providing you with information about our claim. Please be aware that any information that we provide you must be safeguarded, and used by you solely to recover funds, which we provided. Disclosure for other purposes may subject you to criminal or civil penalties.

Enclosed is a statement of claim listing all bills paid to date by the Department of Public Welfare on behalf of the above-referenced recipient. The provider name, dates of service and the amount approved by the Office of Medical Assistance is included.

The Department's claim for medical assistance reimbursement may be associated with a claim for cash assistance reimbursement. Under 62 P.S. §1974, cash assistance must also be repaid from the proceeds of a personal injury claim. No settlement you negotiate with the tortfeasor or his insurance company will discharge the Department's claim for cash or medical assistance reimbursement unless satisfactory arrangements are made to repay our claims.

In settling our claim, we will take into account the work that is performed by you for the benefit of the Commonwealth. The Department will, in many instances, allow our claim to be reduced by 25% if the case is settled prior to trial, or by 33 1/3% if the case goes to trial. Such a reduction does not apply to first party medical insurance benefits. Any reduction must be passed through to your client. **We request that with all transmittal of funds, you provide the Department with a copy of the final distribution sheet.**

The Department reserves the right to amend its claim. The statement of claim that may be provided to you was generated from the recipient's paid medical claims history. Under certain circumstances, a Medicaid provider may have furnished a service but has not yet filed an invoice for payment. There may also be a possibility that the invoice may have been submitted but payment has not yet been made.

If there is more than one defendant in the case, the Department reserves the right to make a claim for ongoing related medical services and/or unreimbursed Medicaid that is subject to the limit set forth in 62 P.S. §1409 (b)(11).

If you have any questions regarding this case, please contact me. Your cooperation will be appreciated.

Sincerely,

Jessica L. Bupp

Jessica L. Bupp
TPL Program Investigator
717-772-6617
717-772-6553 FAX

Enclosure

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF FINANCIAL OPERATIONS
TPL SECTION - CASUALTY UNIT
PO BOX - 8486
HARRISBURG PA 17105-8486

July 18, 2001

STATEMENT OF CLAIM SUMMARY

NAME	LONG, ALISON
ID	380 150 677

MEDICAL	USUAL CHARGES	AMT APPROVED
CLAIMS	7,027.50	2,519.12

CASH	PERIOD COVERED	DOLLAR AMOUNT
CURRENT SOC	-	.00

REIMBURSEMENT TO DPW	2,519.12

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
EIN - 23-6003113

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

July 18, 2001

STATEMENT OF CLAIM

NAME	LONG, ALISON
ID	380 150 677

GREENE KARL A
1086 FRANKLIN ST
JOHNSTOWN PA 15905

DATE OF SERVICE	PAYMENT DATE	ORIGINAL CRN	ADJUSTED CRN	USUAL CHARGES	AMOUNT APPROVED
11/06/00 - 11/06/00	12/18/00	032660070402	000000000000	65.00	20.00

DIAGNOSIS 1 : 85404 BRAIN_INJ_NEC-PROLN_COMA
DIAGNOSIS 2 :
PROCEDURE : 99213 OV/OP VST FOR EVAL & MGMT OF ESTAB PAT PROB-LOW TO MOD SEVERITY 15-MIN FAC-FACE

PROVIDER SUB TOTAL	GREENE KARL A 01 1597584	65.00	20.00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

July 18, 2001

STATEMENT OF CLAIM

NAME	LONG, ALISON
ID	380 150 677

PHYSICAL REHAB INDUSTRL SPORTS
2005 VALLEY VIEW BOULEVARD
ALTOONA PA 16602

DATE OF SERVICE	PAYMENT DATE	ORIGINAL CRN	ADJUSTED CRN	USUAL CHARGES	AMOUNT APPROVED
10/21/00 - 10/21/00	02/19/01	102260141501	000000000000	210.00	42.00
DIAGNOSIS 1 : 85226	SUBDURAL_HEMORR-COMA_NOS				
DIAGNOSIS 2 : 8052	FX_DORSAL_VERTEBRA-CLOSE				
PROCEDURE : 99223	INIT HOSP CARE/DAY FOR EVAL & MGMT OF PTPROB-HIGH SEVERITY 70-MIN AT BEDSIDE				
10/22/00 - 10/22/00	02/19/01	102260141502	000000000000	95.00	17.00
DIAGNOSIS 1 : 85226	SUBDURAL_HEMORR-COMA_NOS				
DIAGNOSIS 2 : 8052	FX_DORSAL_VERTEBRA-CLOSE				
PROCEDURE : 99232	SUB HOSP CARE/DAY FOR EVAL & MGMT OF PATRESPD INADEQ OR MINOR COMP 25-MIN BEDSID				
12/06/00 - 12/06/00	05/14/01	110760051901	000000000000	105.00	20.00
DIAGNOSIS 1 : 85226	SUBDURAL_HEMORR-COMA_NOS				
DIAGNOSIS 2 : 8052	FX_DORSAL_VERTEBRA-CLOSE				
PROCEDURE : 99213	OV/OP VST FOR EVAL & MGMT OF ESTAB PAT PROB-LOW TO MOD SEVERITY 15-MIN FAC-FACE				

PROVIDER SUB TOTAL	PHYSICAL REHAB INDUSTRL SPORTS MED 01 1708155	410.00	79.00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

July 18, 2001

STATEMENT OF CLAIM

NAME	LONG, ALISON
ID	380 150 677

HEALTHSOUTH REHAB.HOSP.OF ALTC
INPATIENT BILLING
2005 VALLEY VIEW BLVD
ALTOONA PA 16602

DATE OF SERVICE	PAYMENT DATE	ORIGINAL CRN	ADJUSTED CRN	USUAL CHARGES	AMOUNT APPROVED
10/21/00 - 10/23/00	04/16/01	106167003301	000000000000	2,522.50	897.64

DIAGNOSIS 1 : 85226 SUBDURAL_HEMORR-COMA_NOS
DIAGNOSIS 2 : 85186 BRAIN_LACER_NEC-COMA_NOS
PROCEDURE :

PROVIDER SUB TOTAL	HEALTHSOUTH REHAB.HOSP.OF ALTOONA 12 1459022	2,522.50	897.64

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

July 18, 2001

STATEMENT OF CLAIM

NAME	LONG, ALISON
ID	380 150 677

THE CHILDRENS INSTITUTE OF PGH
6301 NORTHUMBERLAND STREET
PITTSBURGH PA 15217

DATE OF SERVICE	PAYMENT DATE	ORIGINAL CRN	ADJUSTED CRN	USUAL CHARGES	AMOUNT APPROVED
07/28/00 - 10/21/00	07/02/01	116567015101	000000000000	4,030.00	1,522.48

DIAGNOSIS 1 : 85220 TRAUMATIC_SUBDURAL_HEM
DIAGNOSIS 2 : 85300 TRAUMATIC_BRAIN_HEM_NEC
PROCEDURE :

PROVIDER SUB TOTAL	THE CHILDRENS INSTITUTE OF PGH 12 1748123	4,030.00	1,522.48

HIGHMARK
Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390677800 ID No. 2024845600 1000

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390677800
Route Code: 1000

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/03/00 to 11/03/00
Explanation Date: 01/30/01
Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$400.00	Payable to Provider:	$172.00
Total Benefits Payable:	$172.00		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999.

Monday-Friday 8:00am - 6:00pm

THIS IS NOT A BILL

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AE079034 01-000107-01

EXHIBIT
N

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390677800
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/03/00 to 11/03/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/03/00	11/03/00	2Z	PHYS-THER	Q0086	001	200.00	114.00	E974			86.00		
			2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
TOTALS							400.00	228.00				172.00		
								LESS COINSURANCE						
								BENEFITS PAYABLE				172.00		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $172.00 YOUR RESPONSIBILITY

REMARKS:

E974 THIS INELIGIBLE EXPENSE IS THE DIFFERENCE BETWEEN THE TOTAL COVERED EXPENSE AND THE PRICE NEGOTIATED BETWEEN HIGHMARK BCBS AND THE PROVIDER OF SERVICE, AND IS NOT OWED TO THE PROVIDER. PARTICIPATING PROVIDERS ACCEPT THE ALLOWABLE EXPENSE AMOUNT AS PAYMENT IN FULL.

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390677900 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 11/07/00 to 1.1/07/00
Claim Number: 0102390677900	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$600.00	Payable to Provider:	$258.00
Total Benefits Payable:	$258.00		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390677900
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/07/00 to 11/07/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/07/00	11/07/00	2Z	PHYS-THER	Q0086	001	200.00	114.00	E974			86.00		
			2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
TOTALS							600.00	342.00				258.00		
LESS COINSURANCE														
BENEFITS PAYABLE												258.00		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $258.00 YOUR RESPONSIBILITY

REMARKS:

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390678000 ID No. 202484560 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 11/08/00 to 11/08/00
Claim Number: 0102390678000	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$400.00	Payable to Provider:	$172.00
Total Benefits Payable:	$172.00		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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Explanation of Benefits
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Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390678000
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/08/00 to 11/08/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/08/00	11/08/00	2Z	PHYS-THER	Q0086	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
				TOTALS			400.00	228.00				172.00		
								LESS COINSURANCE						
								BENEFITS PAYABLE				172.00		

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TOTAL BENEFITS PAYABLE $172.00 YOUR RESPONSIBILITY

REMARKS:

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390678100 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 11/09/00 to 11/09/00
Claim Number: 0102390678100	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$150.00	Payable to Provider:	$64.50
Total Benefits Payable:	$64.50		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390678100
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/09/00 to 11/09/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/09/00	11/09/00	2Z	PHYS-THER	Q0086	001	150.00	85.50	E974			64.50		
				TOTALS			150.00	85.50				64.50		
								LESS COINSURANCE						
								BENEFITS PAYABLE				64.50		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $64.50 YOUR RESPONSIBILITY

REMARKS:

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390678200 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 11/10/00 to 11/10/00
Claim Number: 0102390678200	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$404.50	Payable to Provider:	$173.94
Total Benefits Payable:	$173.94		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390678200
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/10/00 to 11/10/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/10/00	11/10/00	2Z	PHYS-THER	Q0086	001	200.00	114.00	E974			86.00		
			2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	MEDICAL		001	4.50	2.56	E974			1.94		
				TOTALS			404.50	230.56				173.94		
								LESS COINSURANCE						
								BENEFITS PAYABLE				173.94		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $173.94

YOUR RESPONSIBILITY

REMARKS:

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Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390678300 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 11/13/00 to 11/13/00
Claim Number: 0102390678300	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$550.00	Payable to Provider:	$236.50
Total Benefits Payable:	$236.50		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999.

Monday-Friday 8:00am - 6:00pm

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Blue Cross Blue Shield

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390678300
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/13/00 to 11/13/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/13/00	11/13/00	2Z	PHYS-THER	Q0086	001	150.00	85.50	E974			64.50		
			2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
				TOTALS			550.00	313.50				236.50		
								LESS COINSURANCE						
								BENEFITS PAYABLE				236.50		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $236.50 YOUR RESPONSIBILITY

REMARKS:

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390678400 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 11/15/00 to 11/15/00
Claim Number: 0102390678400	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$600.00	Payable to Provider:	$258.00
Total Benefits Payable:	$258.00		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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AE079034 01-000119-01

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Blue Cross Blue Shield

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390678400
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/15/00 to 11/15/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/15/00	11/15/00	2Z	PHYS-THER	Q0086	001	200.00	114.00	E974			86.00		
			2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
				TOTALS			600.00	342.00				258.00		
								LESS COINSURANCE						
								BENEFITS PAYABLE				258.00		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $258.00 YOUR RESPONSIBILITY

REMARKS:

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Blue Cross Blue Shield

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390678500 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 11/16/00 to 11/16/00
Claim Number: 0102390678500	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$600.00	Payable to Provider:	$258.00
Total Benefits Payable:	$258.00		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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AE079034 01-000121-01

HIGHMARK SM
Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390678500
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/16/00 to 11/16/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/16/00	11/16/00	2Z	PHYS-THER	Q0086	001	200.00	114.00	E974			86.00		
			2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
				TOTALS			600.00	342.00				258.00		
								LESS COINSURANCE						
								BENEFITS PAYABLE				258.00		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $258.00

YOUR RESPONSIBILITY

REMARKS:

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HIGHMARK SM
Blue Cross Blue Shield

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KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390678600 ID No. 2024845600 1000

Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 11/20/00 to 11/20/00
Claim Number: 0102390678600	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$550.00	Payable to Provider:	$236.50
Total Benefits Payable:	$236.50		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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AE079034 01-000123-01

HIGHMARK SM
Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390678600
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/20/00 to 11/20/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/20/00	11/20/00	2Z	PHYS-THER	Q0086	001	150.00	85.50	E974			64.50		
			2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
TOTALS							550.00	313.50				236.50		
LESS COINSURANCE														
BENEFITS PAYABLE												236.50		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $236.50 YOUR RESPONSIBILITY

REMARKS:

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HIGHMARK SM
Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390678700 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 11/22/00 to 11/22/00
Claim Number: 0102390678700	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$550.00	Payable to Provider:	$236.50
Total Benefits Payable:	$236.50		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999.

Monday-Friday 8:00am - 6:00pm

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AE079034 01-000125-01

HIGHMARK SM
Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390678700
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/22/00 to 11/22/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/22/00	11/22/00	22	PHYS-THER	Q0086	001	150.00	85.50	E974			64.50		
			22	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			22	SPCH THER	92507	001	200.00	114.00	E974			86.00		
TOTALS							550.00	313.50				236.50		
LESS COINSURANCE														
BENEFITS PAYABLE												236.50		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $236.50 YOUR RESPONSIBILITY

REMARKS:

E974 THIS INELIGIBLE EXPENSE IS THE DIFFERENCE BETWEEN THE TOTAL COVERED EXPENSE AND THE PRICE NEGOTIATED BETWEEN HIGHMARK BCBS AND THE PROVIDER OF SERVICE, AND IS NOT OWED TO THE PROVIDER. PARTICIPATING PROVIDERS ACCEPT THE ALLOWABLE EXPENSE AMOUNT AS PAYMENT IN FULL.

HIGHMARK SM
Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390678800 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 11/27/00 to 11/27/00
Claim Number: 0102390678800	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$150.00	Payable to Provider:	$64.50
Total Benefits Payable:	$64.50		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

THIS IS NOT A BILL

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Blue Cross Blue Shield

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390678800
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/27/00 to 11/27/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/27/00	11/27/00	2Z	PHYS-THER	Q0086	001	150.00	85.50	E974			64.50		
				TOTALS			150.00	85.50				64.50		
								LESS COINSURANCE						
								BENEFITS PAYABLE				64.50		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $64.50

YOUR RESPONSIBILITY

REMARKS:

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390678900 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 11/29/00 to 11/29/00
Claim Number: 0102390678900	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$600.00	Payable to Provider:	$258.00
Total Benefits Payable:	$258.00		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390678900
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/29/00 to 11/29/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/29/00	11/29/00	2Z	PHYS-THER	Q0086	001	200.00	114.00	E974			86.00		
			2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
				TOTALS			600.00	342.00				258.00		
								LESS COINSURANCE						
								BENEFITS PAYABLE				258.00		

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TOTAL BENEFITS PAYABLE $258.00 YOUR RESPONSIBILITY

REMARKS:

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390679000 ID No. 202484560 0 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 11/30/00 to 11/30/00
Claim Number: 0102390679000	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$550.00	Payable to Provider:	$236.50
Total Benefits Payable:	$236.50		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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AE079034 01-000131-01

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Explanation of Benefits
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Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390679000
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 11/30/00 to 11/30/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	11/30/00	11/30/00	2Z	PHYS-THER	Q0086	001	150.00	85.50	E974			64.50		
			2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
TOTALS							550.00	313.50				236.50		
LESS COINSURANCE														
BENEFITS PAYABLE												236.50		

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TOTAL BENEFITS PAYABLE $236.50 YOUR RESPONSIBILITY

REMARKS:

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390679100 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 12/04/00 to 12/04/00
Claim Number: 0102390679100	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$550.00	Payable to Provider:	$236.50
Total Benefits Payable:	$236.50		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390679100
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 12/04/00 to 12/04/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	12/04/00	12/04/00	2Z	PHYS-THER	Q0086	001	150.00	85.50	E974			64.50		
			2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
TOTALS							550.00	313.50				236.50		
LESS COINSURANCE														
BENEFITS PAYABLE												236.50		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $236.50 YOUR RESPONSIBILITY

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Explanation of Benefits
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KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390679600 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 12/06/00 to 12/06/00
Claim Number: 0102390679600	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$550.00	Payable to Provider:	$236.50
Total Benefits Payable:	$236.50		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390679600
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 12/06/00 to 12/06/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	12/06/00	12/06/00	2Z	PHYS-THER	Q0086	001	150.00	85.50	E974			64.50		
			2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
				TOTALS			550.00	313.50				236.50		
								LESS COINSURANCE						
								BENEFITS PAYABLE				236.50		

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TOTAL BENEFITS PAYABLE $236.50 YOUR RESPONSIBILITY

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390679700 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 12/11/00 to 12/11/00
Claim Number: 0102390679700	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$550.00	Payable to Provider:	$236.50
Total Benefits Payable:	$236.50		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390679700
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 12/11/00 to 12/11/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	12/11/00	12/11/00	2Z	PHYS-THER	Q0086	001	150.00	85.50	E974			64.50		
			2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
TOTALS							550.00	313.50				236.50		
								LESS COINSURANCE						
								BENEFITS PAYABLE				236.50		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $236.50 YOUR RESPONSIBILITY

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390679800 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 12/13/00 to 12/13/00
Claim Number: 0102390679800	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$818.75	Payable to Provider:	$352.06
Total Benefits Payable:	$352.06		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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AE079034 01-000147-01

HIGHMARK SM
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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390679800
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 12/13/00 to 12/13/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	12/13/00	12/13/00	2Z	PHYS-THER	Q0086	001	150.00	85.50	E974			64.50		
			2Z	OCCUP-THER	97530	001	205.00	116.85	E974			88.15		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
			2Z	THERAPY	90847	001	263.75	150.34	E974			113.41		
				TOTALS			818.75	466.69				352.06		
								LESS COINSURANCE						
								BENEFITS PAYABLE				352.06		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $352.06 YOUR RESPONSIBILITY

REMARKS:

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390679900 ID No. 202484560 0 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 202484560 0	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 12/18/00 to 12/18/00
Claim Number: 0102390679900	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$400.00	Payable to Provider:	$172.00
Total Benefits Payable:	$172.00		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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AE079034 01-000149-01

HIGHMARK SM
Blue Cross Blue Shield

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390679900
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 12/18/00 to 12/18/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	12/18/00	12/18/00	2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
				TOTALS			400.00	228.00				172.00		
								LESS COINSURANCE						
								BENEFITS PAYABLE				172.00		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $172.00 YOUR RESPONSIBILITY

REMARKS:

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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390679200 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 12/20/00 to 12/20/00
Claim Number: 0102390679200	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$400.00	Payable to Provider:	$172.00
Total Benefits Payable:	$172.00		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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AE079034 01-000135-01

HIGHMARK SM
Blue Cross Blue Shield

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Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390679200
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 12/20/00 to 12/20/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	12/20/00	12/20/00	2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
				TOTALS			400.00	228.00				172.00		
								LESS COINSURANCE						
								BENEFITS PAYABLE				172.00		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $172.00 YOUR RESPONSIBILITY

REMARKS:

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HIGHMARK
Blue Cross Blue Shield

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KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390679300 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 12/21/00 to 12/21/00
Claim Number: 0102390679300	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$400.00	Payable to Provider:	$172.00
Total Benefits Payable:	$172.00		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

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AE079034 01-000137-01

HIGHMARK SM
Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390679300
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 12/21/00 to 12/21/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	12/21/00	12/21/00	2Z	OCCUP-THER	97530	001	200.00	114.00	E974			86.00		
			2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
TOTALS							400.00	228.00				172.00		
LESS COINSURANCE														
BENEFITS PAYABLE												172.00		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $172.00 YOUR RESPONSIBILITY $0.00

REMARKS:

E974 THIS INELIGIBLE EXPENSE IS THE DIFFERENCE BETWEEN THE TOTAL COVERED EXPENSE AND THE PRICE NEGOTIATED BETWEEN HIGHMARK BCBS AND THE PROVIDER OF SERVICE, AND IS NOT OWED TO THE PROVIDER. PARTICIPATING PROVIDERS ACCEPT THE ALLOWABLE EXPENSE AMOUNT AS PAYMENT IN FULL.

HIGHMARK
Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390679400 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 12/27/00 to 12/27/00
Claim Number: 0102390679400	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$200.00	Payable to Provider:	$86.00
Total Benefits Payable:	$86.00		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999

Monday-Friday 8:00am - 6:00pm

THIS IS NOT A BILL

(Please Retain This Statement For Your Records)

HIGHMARK SM
Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390679400
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 12/27/00 to 12/27/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	12/27/00	12/27/00	2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
				TOTALS			200.00	114.00				86.00		
								LESS COINSURANCE						
								BENEFITS PAYABLE				86.00		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $86.00

YOUR RESPONSIBILITY

REMARKS:

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HIGHMARK SM
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Explanation of Benefits
DUPLICATE COPY

KENNETH LONG
PO BOX 292
MADARA, PA 16661-0292

Claim No. 0102390679500 ID No. 2024845600 1000

Name: KENNETH LONG	Patient Name: ALISON
Identification Number: 2024845600	Relationship: DEPENDENT
Group Number: 05131400	Period Reviewed: 12/28/00 to 12/28/00
Claim Number: 0102390679500	Explanation Date: 01/30/01
Route Code: 1000	Patient Account Number: 526304

CLAIM SUMMARY

Total Expenses:	$200.00	Payable to Provider:	$86.00
Total Benefits Payable:	$86.00		
Your Responsibility:			

For A Detailed Explanation Of This Calculation, Please See Page 2

If You Have Any Questions, Please
call (800) 235 - 4999,

Monday-Friday 8:00am - 6:00pm

THIS IS NOT A BILL

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HIGHMARK SM
Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

Explanation of Benefits
DUPLICATE COPY

Name: KENNETH LONG
Identification Number: 2024845600
Group Number: 05131400
Claim Number: 0102390679500
Patient Account Number: 526304

Patient Name: ALISON
Relationship: DEPENDENT
Period Reviewed: 12/28/00 to 12/28/00
Explanation Date: 01/30/01

PROVIDER NAME	DATES OF SERVICE		DESCRIPTION OF SERVICE				TOTAL EXPENSES	LESS INELIGIBLE EXPENSES		LESS DEDUCTIBLE		ALLOWABLE EXPENSES		
	FROM	TO	POS	TYPE OF SERVICE	PROC CODE	# SVCS		AMOUNT	CODE	BASIC	MAJOR MEDICAL	100%	%	%
HEALTHSOUTH REHAB HOSPITAL OF	12/28/00	12/28/00	2Z	SPCH THER	92507	001	200.00	114.00	E974			86.00		
				TOTALS			200.00	114.00				86.00		
								LESS COINSURANCE						
								BENEFITS PAYABLE				86.00		

THIS IS NOT A BILL

TOTAL BENEFITS PAYABLE $86.00

YOUR RESPONSIBILITY

REMARKS:

E974 THIS INELIGIBLE EXPENSE IS THE DIFFERENCE BETWEEN THE TOTAL COVERED EXPENSE AND THE PRICE NEGOTIATED BETWEEN HIGHMARK BCBS AND THE PROVIDER OF SERVICE, AND IS NOT OWED TO THE PROVIDER. PARTICIPATING PROVIDERS ACCEPT THE ALLOWABLE EXPENSE AMOUNT AS PAYMENT IN FULL.

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

KENNETH J. LONG and KATHIE M. LONG, his wife, as parents and natural guardians of ALISON M. LONG, a minor, and in their own right, Plaintiffs	:	No. 2001 - 01119-CD
v.	:	
ERIE INSURANCE EXCHANGE, Defendant	:	

CERTIFICATE OF SERVICE

I hereby certify that on the 19 day of July, 2001, the foregoing Petition to Approve Settlement of Minor's Claim and attached Order were served by regular mail upon the following individuals in accordance with all applicable rules of court:

The Honorable John K. O'Reilly
Clearfield County Courthouse
230 East Market Street
Clearfield, PA 16830

Barry Warner
Erie Insurance Group
100 Erie Insurance Place
Erie, PA 16530

NICHOLAS, PEROT, STRAUSS & KOEHLER, P.C.

BY _____
Michael J. Koehler, Esquire

COMMONWEALTH OF PENNSYLVANIA :
: SS.
COUNTY OF CLEARFIELD :

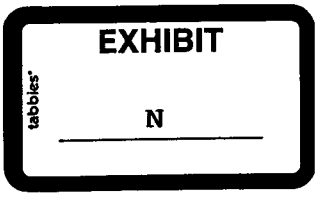
ALISON M. LONG
IRREVOCABLE SPECIAL NEEDS TRUST

THIS AGREEMENT is entered into this _____ day of _____, 2001, by and among Kenneth J. Long, as parent and natural guardian of Alison M. Long, a minor, with the approval of the Court of Common Pleas of Clearfield County, Pennsylvania hereinafter referred to as the "Settlor", and Clearfield Bank and Trust Company with offices in Clearfield, Pennsylvania, hereinafter referred to as the "Trustee."

WITNESSETH:

The Settlor hereby assigns, transfers and delivers to the Trustee, irrevocably and absolutely, all incidents of ownership and all right, title and interest, both present and future, in and to, the right to receive all benefit and proceeds from certain annuities funding a structured settlement, as well as cash, securities or other property, all as set forth in Schedule "A" attached hereto, and this property shall be referred to as the Trust Estate. No further property shall be received by the Trustee from any other source. The Trustee shall hold and administer the Trust Estate upon the terms and conditions which follow.

The express purpose of the ALISON M. LONG IRREVOCABLE SPECIAL NEEDS TRUST AGREEMENT is to provide for Alison M. Long's extra and supplemental care in addition to and over and above the benefits that she otherwise receives or shall receive as a result of her disability from any local, state or federal government, including but not limited to benefits from Pennsylvania Department of Public Welfare Access Medical, Medicare, Medicaid, Social



Security Disability, Social Security Supplemental Income or from any other private agency providing services or benefits to disabled persons.

The Trust Estate shall not be used to provide basic food, clothing and shelter, nor be available to the beneficiary for conversion for such items, unless all local, state and federal benefits have been fully expended for such purposes. It is the Settlor's express purpose to establish the Trust in accordance with Federal Law, Public Health and Welfare Act of 1993, 42 U.S.C. 1396 (p)(d)(4)(A) and any provisions herein shall be construed accordingly.

ARTICLE I

A. During the lifetime of Alison M. Long (hereinafter the "Beneficiary"), the Trustee may pay to the Beneficiary, or expend for her benefit, so much of the net income and, if necessary, principal of the Trust Estate to carry out the purposes set forth in the above recitals, as the Trustee, in its sole and absolute discretion, considers advisable, in view of other funds or benefits available from governmental or other sources, both public and private, of which it has knowledge.

By means of illustration and in no manner attempting to limit the Trustee's discretion, the Trustee may make distribution of the net income and, if necessary, principal of the Trust Estate, to or for the benefit of the Beneficiary, for such purposes as, but not limited to:

1. Supplemental medical, surgical, dental or health care procedures and treatments, and medications.
2. Rehabilitation services.
3. Recreation and vacations.
4. Traveling companions on vacations, if medically necessary.
5. Adaptive equipment for home or motor vehicle.

It is the Settlor's intention that distributions of income and/or principal from the Trust Estate shall be used only to supplement, not supplant, any benefits to which the Beneficiary may be entitled under any governmental program, and if the existence of this Trust should at any time be used by any governmental agency as an excuse for denying the Beneficiary such benefits, then the Trustee is authorized, in its sole and absolute discretion, to terminate the Trust Estate by distributing the then remaining principal and any accrued, accumulated or undistributed net income to Kenneth J. Long as Trustee for the benefit of Alison M. Long free and clear of this trust. The decision of the Trustee in this regard shall be final, binding and conclusive on all persons who might have an interest in the Trust Estate, including, by way of example and not limitation, the Settlor. The Trustee may accumulate and reinvest any income that is not paid out pursuant to this Section A.

B. Subject to the provisions of paragraph C of this Article I, upon the death of the Beneficiary, the Trust shall pay and distribute the remaining balance of the Trust Estate and any accrued, accumulated or undistributed net income thereon, outright and free of trust to Kenneth J. Long, father, or if predeceased, then to the Beneficiary's then living issue (including adopted children, if any), per stirpes; if none, then to the personal representative of the Estate of Alison M. Long.

C. Notwithstanding the provisions of paragraph B above, if the Beneficiary has received, or is receiving Medicaid or Medical Assistance benefits at the time of her death, then the Trustee shall pay back to the Commonwealth of Pennsylvania (or its designee) all amounts paid by the Commonwealth as Medicaid or Medical Assistance on behalf of the Beneficiary during her lifetime up to the total amount remaining in the Trust Estate. In order to determine the amount to be repaid, the Trustee shall request a written statement of the amount to be repaid ("Medical Assistance Repayment Amount"), if any, from the Clearfield County,

Pennsylvania Department of Social Services, or its successor, or other appropriate state or federal agency administering Medicaid or Medical Assistance, and the Trustee is specifically authorized to rely upon such written statement, absent manifest error, in paying the Medical Assistance Repayment Amount, and the Trustee shall not be liable to any person whomsoever for payment. in accordance with such statement.

D. Notwithstanding any other provision of the Article I, but in no manner attempting to limit the Trustee's discretion or to alter the intention and purpose of this Trust, the Trustee shall consult with Kenneth J. Long, Alison M. Long's father, at such times as he shall request, with regard to any of the Trustee's powers or duties under this Article I.

E. Notwithstanding any other provision of this Irrevocable Special Needs Trust Agreement, the Beneficiary, Alison M. Long, shall not and does not have the power to assign, encumber, direct, distribute or authorize distribution from the Trust established hereby.

ARTICLE II

A. No beneficiary shall have the power to sell, assign, encumber or in any manner to anticipate his or her interest in the Trust Estate, or in the income produced thereby.

B. If any beneficiary who is entitled to receive a share of the principal of the Trust Estate shall be a minor, the Trustee is hereby authorized and empowered to continue to hold and manage such share for the benefit of the minor during his or her minority as the minor's guardian and may use all of the income from the minor's share, together with such amounts of principal as the Trustee deems advisable for his or her health, education, maintenance and support. This shall be construed as a power only and shall not operate to suspend the absolute ownership thereof by the minor nor to prevent the absolute vesting thereof in the minor.

C. In the disbursement of funds directed to be paid to or for the use and benefit of any beneficiary who shall be a minor, the Trustee may make payment of the same to the parent, guardian, or such other person who may have custody of the person of that minor at the time such payments are made, to be used for the health, education, maintenance and support of the minor, but without liability on the part of the Trustee to see to the application of said payments by the payee. The receipt of any such person shall be a full acquittance of the Trustee as to any amounts so paid; or the Trustee may make payment of the same directly to or for the benefit of the minor beneficiary.

D. For purposes of interpretation of the Agreement, the word "minor" whenever used herein shall mean any person under the age of twenty-one (21) years, notwithstanding any law to the contrary.

ARTICLE III

In addition to the powers conferred by law, the Trustee shall have the following discretionary powers which may be exercised without approval of any court:

A. To retain any and all property, real or personal without any duty of diversification.

B. To sell any and all real estate held as a trust asset, at public or private sale, for such prices and upon such terms as the Trustee shall believe advisable and to make, execute and deliver any deed or deeds therefor, conveying title thereto in fee simple absolute or for any lesser estate to any purchaser or purchasers, freed and discharged of any and all trusts hereunder.

C. To sell, grant options to purchase, exchange, and alter assets of any trust created hereunder or any part thereof, at any price and upon such terms which the Trustee shall deem proper.

D. To invest and reinvest in all forms of property, including common and preferred stocks, which shall specifically include the authority to invest and reinvest in the securities of Clearfield Bank and Trust Company, common trust funds operated by the Trustee, and any regulated investment company or mutual fund including those for which the Trustee or any affiliate provides services for additional compensation.

E. To invest the principal and/or income of any trust created hereunder in any assets or security including, but not limited to stocks, bonds, debentures, notes or other similar obligations issued, owned or underwritten by any corporate trustee or its affiliate which may be acting hereunder.

F. To invest such principal and/or income in any bond or other debt security secured, supported or otherwise enhanced by a letter of credit of any corporate trustee or its affiliate which may be acting hereunder.

G. To execute security transactions through the Trustee's or any affiliated discount brokerage service (and the payment of the usual commissions charged by such an affiliate brokerage operation shall in no way reduce or otherwise affect the Trustee's compensation as hereinafter provided for).

H. To purchase real property whether improved or not and to lease property on any terms and conditions and for any term of years, even though extending beyond the period of any trust created hereunder.

I. To insure, improve, repair, alter, abandon and partition real estate; erect or raze improvements; grant easement; subdivide and dedicate to public use.

J. To cause any of the investments which may be delivered or acquired by the Trustee to be issued, held, or registered in the name of the Trustee, in street name negotiable form, in the name of the nominee, or in any form in which title will pass delivery. Any

corporation or its transfer agent may presume conclusively that said nominee is the actual owner of the securities submitted for transfer.

K. To vote in person or by proxy any securities held in the Trust Estate and, in such connection, to delegate powers, discretionary or otherwise, for any purpose to one or more nominees or proxies with or without power of substitution and to make assignments to and deposits with committees, trustees, agents, depositories and other representatives; to retain any investments received in exchange in any reorganization or recapitablization; to subscribe for stocks and bonds; to grant, obtain or exercise options; and generally to exercise all rights of security holders.

L. To settle, compromise, contest or abandon claims or demand in favor of or against any trust created hereunder.

M. To borrow money, assume indebtedness, extend mortgages, and encumber by mortgage or pledge.

N. To distribute the principal of any trust created hereunder in kind or in cash, or partly in kind and partly in cash.

O. To allocate receipts and disbursements to principal or income, or partly to each as the Trustee deems proper.

P. To retain a consultant knowledgeable in the subject of Medical Assistance and/or Medicare benefits or other public or private benefits available to the Beneficiary and to advise the Trustee concerning discretionary distributions of income or principal so that such distributions will be made in a manner consistent with the purpose of the Trust. The Trustee shall be entitled to rely on the advice and information obtained from such consultant, and shall not be liable for any act or omission on the part of the Trustee attributable thereto. The costs

and expenses of such consultant shall be payable by the Trustee first out of the Trust Estate's income and then out of principal.

Q. To deal in every way and without limitation with the representatives of any trust or estate in which to Beneficiary has any existing or future interest, even though the Trustee is acting as the representative of such other trust or estate, without liability for loss resulting from said transaction.

R. To employ such agents, attorneys, accountants, investment counsel and professional advisors as may be required in managing, protecting and investing the assets of the Trust Estate and to pay their reasonable compensation.

S. The Trustee may (but shall have no duty whatsoever), in the exercise of its judgment and sole discretion, seek support and maintenance for the Beneficiary from all available public resources. In seeking such support and maintenance, the Trustee shall take into consideration the applicable resource and income limitations of any public-assistance program for which the Beneficiary is eligible. The Trustee is hereby granted full and complete discretion (without being under any duty whatsoever) to initiate the process of rendering the Beneficiary eligible for any such program of public benefit and is hereby granted full and complete discretion to initiate either administrative or judicial proceedings, or both, for the purpose of determining eligibility. All costs relating thereto, including attorney fees, shall be a proper charge against the Trust Estate. It is the intention of the Grantor that no part of the corpus of the Trust Estate created herein shall be used to supplant or replace public-assistance benefits of any county, state, federal, or other government agency that has a legal responsibility to persons with disabilities that are the same or similar to those which the Beneficiary may be experiencing. For purposes of determining the Beneficiary's public-assistance eligibility, no part

of the principal or undistributed income of the Trust Estate shall be considered available to the Beneficiary.

In the event the Trustee is required to release principal or income of the Trust to or on behalf of the Beneficiary to pay for benefits or services that such public assistance is otherwise authorized to provide were it not for the existence of this Trust, or in the event the Trustee is requested to petition the court or any other administrative agency for the release of Trust principal or income for this purpose, the Trustee is authorized (but is not under any duty) to deny such request and is authorized (but is not under any duty), in the Trustee's discretion, to take whatever administrative or judicial steps may be necessary to continue the public-assistance program eligibility of the Beneficiary, including obtaining instructions from a court of competent jurisdiction ruling that the Trust corpus is not available for the Beneficiary for such eligibility purposes. Any expenses of the Trustee in this regard, including attorney fees, shall be a proper charge against the Trust Estate.

T. The Trustee is authorized to retain the services of a Professional Care Manager to assist in providing the required care for the Beneficiary. The purpose of the Care Manager would be to coordinate other agencies or professionals, home health aides or personal care providers, or homemakers or any other services that the Care Manager and the Trustee feel are in the best interests of the Beneficiary. The Trustee shall pay all costs in connection with the Care Manager.

ARTICLE IV

A. The Trustee may resign at any time by giving prior written notice to Kenneth J. Long, Alison M. Long's father.

B. Except as otherwise provided in Section E of this Article, if Clearfield Bank and Trust Company, or any successor Trustee appointed as hereinafter provided, ceases to act as Trustee hereunder for any reason, then Kenneth J. Long shall, by written instrument, appoint any bank or trust company, within or outside the Commonwealth of Pennsylvania, as successor Trustee.

C. The Trustee shall provide a written annual account of its activities on behalf of the Trust to Kenneth J. Long and a copy to the Clearfield County, Pennsylvania Department of Social Services or its successor or other appropriate state or federal agency administering Medicaid or Medical Assistance. Unless a recipient of such account shall deliver a written objection to the Trustee within ninety (90) days of receipt of the Trustee's account, the account shall be deemed settled and be final and conclusive with respect to transactions disclosed in the account as to the Beneficiary and to all other beneficiaries of the Trust. After settlement of the account by reason of the expiration of the ninety (90)-day period or by agreement of the parties, the Trustee shall no longer be liable to any person who has an interest in the Trust with respect to transactions disclosed in the account except for the Trustee's intentional wrongdoing or fraud.

D. In addition to the provisions contained in paragraph C of this Article IV, Kenneth J. Long may at any time, by written instrument, approve the accounts of the Trustee with the same effect as if the accounts had been approved by a court having jurisdiction of the subject matter and of all necessary parties.

E. Kenneth J. Long may at any time remove the incumbent Trustee by written notice delivered to that Trustee and a successor Trustee shall be appointed pursuant to Section B above.

F. If any Trustee designated to act or at any time acting hereunder is merged with or transfers substantially all of its assets to another corporation, or is in any other manner

reorganized or reincorporated, the resulting or transferee corporation shall become Trustee in place of its corporate predecessor.

G. Any successor Trustee shall have all of the title, powers, and discretion granted to the original Trustee, without court order or act of transfer. No successor Trustee shall be liable for any act or failure to act of a predecessor Trustee. With the approval of the person indicated in Section D of this Article, a successor Trustee may accept the account furnished, if any, and the property delivered by or from a predecessor Trustee without liability for so doing, and such acceptance shall be a full and complete discharge to the predecessor Trustee.

H. Any Trustee which may be acting hereunder shall be entitled to deduct each year as compensation reasonable fees, which fees shall be in accordance with the then prevailing rate of compensation charged by the Trustee for like services at the time such services are rendered. In addition to the Trustee's normal compensation, the Trustee shall also be entitled to deduct such fees as shall reasonably compensate the Trustee for such additional services which the Trustee may be required to perform.

I. No bond shall be required in any jurisdiction of any Trustee or of any successor Trustee or, if a bond is required by law, no surety on such bond shall be required.

J. The Trustee shall not liable to any person or entity which has an interest in this Trust for any act or failure to act with respect to this Trust or the Trust Estate except for the Trustee's gross negligence or intentional misconduct.

ARTICLE V

In the event Kenneth J. Long is deceased, or otherwise unable or unwilling to perform the powers set forth in this Agreement, then those powers shall be assumed by a natural person

appointed by Kenneth J. Long in his Will or other duly executed and acknowledged written instrument.

ARTICLE VI

This Trust is established under the jurisdiction of the Court of Common Pleas of Clearfield County, Pennsylvania as part of a comprehensive settlement of a personal injury action pending before it at Docket No. 2000-1487-CD.

ARTICLE VII

This Trust Agreement has been delivered to and accepted by the Trustee in the Commonwealth of Pennsylvania, and all questions pertaining to the validity and interpretation of this Trust Agreement and to the management and distribution of the Trust Estate hereunder shall be determined in accordance with the laws of the Commonwealth of Pennsylvania.

IN WITNESS WHEREOF, the Settlor has hereunto set his hand and seal and the Trustee has caused this Agreement to be executed by its duly authorized officers and its corporate seal to be hereunto affixed, as of the day and year first above written.

SETTLOR: Kenneth J. Long, as p/n/g of Alison M. Long, a minor

_____(SEAL)

ATTEST:

Clearfield Bank and Trust Company, Trustee

_____

Title:_____

By:_____

Title:_____

COMMONWEALTH OF PENNSYLVANIA :
: SS.
COUNTY OF CLEARFIELD :

On this, the _____ day of _____, 2001, before me, a Notary Public, personally appeared KENNETH J. LONG known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument as Settlor and acknowledged that he executed the same of the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

_____
Notary Public
(Notarial Seal)

BE:145335.2

IRREVOCABLE SPECIAL NEEDS TRUST
SCHEDULE "A"

The Settlor hereby assigns, transfer and delivers to the Trustee, irrevocably and absolutely, all incidents of ownership and all right, title and interest, both present and future, in and to:

1. Cash in the amount of $_____, payable out of the lump sum proceeds under the terms of a Settlement Agreement approved by the Clearfield County Court of Common Pleas by Court Order dated _____, a copy of which is attached as "Exhibit 1".

END OF DOCUMENT.