

J2-449-CJ
PAUL STANIC -vs- MELINDA DAISSER

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

No.: ~~002~~ - 449 - CD

PRAECIPE FOR WRIT OF SUMMONS

Filed on behalf of: Paul Simanic, Plaintiff

Counsel of record for this party:

THOMAS J. SIBERT, ESQUIRE
PA ID# 34948

Attorney at Law
300 West Highland Avenue
Ebensburg, Pennsylvania 15931
814-471-7500

FILED

MAR 25 2002
m/1:00/att. Sibert
William A. Shaw Prothonotary pd \$80.00
11/10/02 + Summons
to Shady

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER

Defendant.

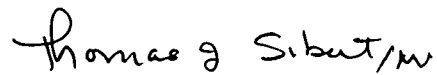
No.: 2002 -

**PRAECIPE FOR WRIT OF
SUMMONS**

TO The Prothonotary:

Please issue **writ** of summons in the above-captioned civil action, in favor of the Plaintiff, PAUL SIMANIC and against the Defendant, MELINDA DAISHER. Service on the Defendant may be made at RR1, Box 434m Mahaffey, PA 15757.

Respectfully submitted,



Thomas J. Sibert
Attorney for Plaintiff

• • • • •

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY PENNSYLVANIA
CIVIL ACTION

COPY

SUMMONS

Paul Simanic

Vs.

NO.: 02-449-CD

Melinda Daisher

TO: MELINDA DAISHER

To the above named Defendant(s) you are hereby notified that the above named Plaintiff(s) has commenced a Civil Action against you.

Date: 03/25/2002

William A. Shaw
Prothonotary

Issuing Attorney:
Thomas Sibert, Esquire
300 West Highland Avenue
Ebensburg, PA 15931-1099

,

In The Court of Common Pleas of Clearfield County, Pennsylvania

Sheriff Docket # 12294

SIMANIC, PAUL

02-449-CD

VS.

DAISHER, MELINDA

PRAECIPE & SUMMONS

SHERIFF RETURNS

NOW APRIL 11, 2002, WILLIAM H. ROMINE JR., SHERIFF OF MERCER COUNTY
WAS DEPUTIZED BY CHESTER A. HAWKINS, SHERIFF OF CLEARFIELD COUNTY
TO SERVE THE WITHIN SUMMONS & PRAECIPE ON MELINDA DAISHER,
DEFENDANT.

NOW APRIL 17, 2002 SERVED THE WITHIN PRAECIPE & SUMMONS ON MELINDA
DAISHER, DEFENDANT BY DEPUTIZING THE SHERIFF OF MERCER COUNTY.
THE RETURN OF SHERIFF ROMINE IS HERETO ATTACHED AND MADE A PART
OF THIS RETURN.

Return Costs

Cost	Description
61.49	SHFF. HAWKINS PAID BY: ATTY.
31.00	SHFF. ROMINE PAID BY; ATTY.
10.00	SURCHARGE PAID BY: ATTY.

FILED

012:12
MAY 09 2002

William A. Shaw
Prothonotary

Sworn to Before Me This

Day Of May 2002
William A. Shaw

WILLIAM A. SHAW
Prothonotary
My Commission Expires
1st Monday in Jan. 2006
Clearfield Co., Clearfield, PA

So Answers,

Chester A. Hawkins
Chester A. Hawkins
Sheriff

CASE NO: 2002-16147 T

COMMONWEALTH OF PENNSYLVANIA:
COUNTY OF MercerSIMANIC PAUL

VS

DAISHER MELINDAMARK S. FISHER, Deputy Sheriff of Mercer

County, Pennsylvania, who being duly sworn according to law,

says, the within WRIT OF SUMMONS was served uponDAISHER MELINDA theDEFENDANT, at 1448:00 Hour, on the 17th day of April, 2002at 20 JONES STREET LOT 4STONEBORO, PA by handing toHER, PERSONALLYa true and attested copy of WRIT OF SUMMONS together withand at the same time directing Her attention to the contents thereof.

Sheriff's Costs:

Docketing	.00
Service	.00
Affidavit	.00
Surcharge	.00
Mercer Co. Costs	<u>\$31.00</u>
	.00

So Answers:

William H. Romine Jr.
William H Romine Jr, Sheriff
By Mark S. Fisher
Deputy Sheriff

00/00/0000

Sworn and Subscribed to before

me this 19th day ofAPRIL 2002 A.D.Mary Lou Rodgers
Notary

Notarial Seal
Mary Lou Rodgers, Notary Public
Mercer Boro, Mercer County
My Commission Expires Mar. 17, 2003



Sheriff's Office Clearfield County

COURTHOUSE
1 NORTH SECOND STREET, SUITE 116
CLEARFIELD, PENNSYLVANIA 16830

CHESTER A. HAWKINS
SHERIFF

DARLENE SHULTZ
CHIEF DEPUTY
MARGARET PUTT
OFFICE MANAGER

MARILYN HAMM
DEPT. CLERK
PETER F. SMITH
SOLICITOR

16147T
#7500
OFFICE (814) 765-2641
AFTER 4:00 P.M. (814) 765-1533
CLEARFIELD COUNTY FAX
(814) 765-5915

DEPUTATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

PAUL SIMANIC

TERM & NO. 02-449-CD

VS

SERVE BY: 4/24/02

MELINDA DAISHER

DOCUMENT TO BE SERVED
SUMMONS & PRAECIPE

RECEIVED
SHERIFF OF
MERCER COUNTY
2002 APR 15 A 10:28

MAKE REFUND PAYABLE TO: THOMAS J. SIBERT, Attorney

SERVE: MELINDA DAISHER

ADDRESS: PO Box 778, Sandy Lake, Pa. Phone: 724-376-7368

*Lot 4 - 20 Jones St.
Stoneboro*

4/15 - 10:50
4/16 - 3:00

Know all men by these presents, that I, CHESTER A. HAWKINS, HIGH SHERIFF of CLEARFIELD COUNTY, State of Pennsylvania, do hereby deputize the SHERIFF OF MERCER COUNTY Pennsylvania to execute this writ. This Deputation being made at the request and risk of the Plaintiff this 11th Day of APRIL 2002.

Respectfully,

CHESTER A. HAWKINS,
SHERIFF OF CLEARFIELD COUNTY

RECEIPT FOR PAYMENT
=====

Mercer County
205 S Erie St, Room 102
Mercer PA 16137

Receipt Date 04/16/2002
Receipt Time 15:39:08
Receipt No. 127707

SIMANIC PAUL (VS) DAISHER MELINDA

Case Number 2002-16147 T
Service Info
Remarks

Total Check...	+	75.00
Total Cash....	+	.00
Cash Out.....	-	.00

Check No. 2231

Receipt total. = 75.00

----- Distribution Of Payment -----

Transaction Description	Payment Amount
-------------------------	----------------

ADVANCE PAYMENT	75.00
-----------------	-------

SIBERT THOMAS J ESQUIRE

	<u>75.00</u>
--	--------------

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

PAUL SIMANIC

CIVIL ACTION - LAW

Plaintiff,

Number 449 of 2002 C.D.

vs.

Type of Case: Civil Division

MELINDA DAISHER,

Type of Pleading: Praecept for Rule to File
Complaint

Defendant.

Filed on behalf of: Defendant

Counsel of Record for this Party:

John C. Dennison, II
Supreme Court Number: 29408

DENNISON, DENNISON & HARPER
293 Main Street
Brookville, Pennsylvania 15825
(814) 849-8316

FILED

MAY 18 2002

mjq: 441 ICC w/Rule
William A. Shaw to atty
Prothonotary *Dennison*

*E
KEB*

PAUL SIMANIC

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

* In the Court of Common Pleas of
* Clearfield County, Pennsylvania
* Civil Action- Law
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*
*
*
*
* Number 449- 2002 C.D.

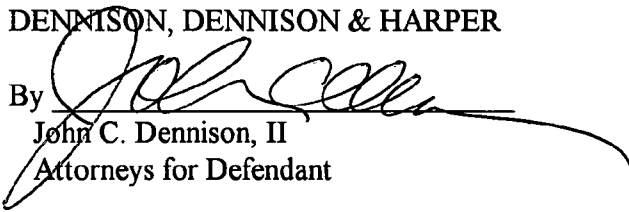
PRAECIPE FOR RULE TO FILE COMPLAINT

TO WILLIAM SHAW, PROTHONOTARY:

Enter a Rule upon the Plaintiff to file a Complaint within twenty (20) days after service of the Rule, or judgment of non-pros will be entered.

DENNISON, DENNISON & HARPER


By


John C. Dennison, II
Attorneys for Defendant

RULE:

TO THE PLAINTIFF:

You are ruled to file a Complaint within twenty (20) days after the service hereof or judgment of non-pros will be entered against you.


Prothonotary

Dated: 5/16/02

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

PAUL SIMANIC

CIVIL ACTION - LAW

Plaintiff,

Number 449 of 2002 C.D.

vs.

Type of Case: Civil Division

MELINDA DAISHER,

Type of Pleading: Appearance

Defendant.

Filed on behalf of: Defendant

Counsel of Record for this Party:

John C. Dennison, II
Supreme Court Number: 29408

DENNISON, DENNISON & HARPER
293 Main Street
Brookville, Pennsylvania 15825
(814) 849-8316

FILED

MAY 23 2002

William A. Shaw
Prothonotary

PAUL SIMANIC

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

* In the Court of Common Pleas of
* Clearfield County, Pennsylvania
* Civil Action- Law
*
*
*
*
*
* Number 449- 2002 C.D.

APPEARANCE

TO WILLIAM SHAW, PROTHONOTARY:

Enter my Appearance on behalf of Melinda Daisher, Defendant.

DENNISON, DENNISON & HARPER

By


John C. Dennison, II

Attorneys for Defendant

FILED

MAY 23 2002

cc

William A. Shaw
Prothonotary

[Handwritten signature]

DENNISON, DENNISON & HARPER
ATTORNEYS AT LAW
293 MAIN STREET
BROOKVILLE, PENNSYLVANIA 15825

CERTIFIED COPY

John Denness

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

No.: 02 - 449 - C.D.

COMPLAINT IN CIVIL ACTION

Filed on behalf of: Paul Simanic, Plaintiff

Counsel of record for this party:

THOMAS J. SIBERT, ESQUIRE
PA ID# 34948

Thomas J. Sibert
Attorney at Law
300 West Highland Avenue
Ebensburg, Pennsylvania 15931
814-471-7500

FILED

JUN 14 2002

7/1/02/110ce
William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

No.: 02 - 449 - C.D.

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 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 OR KNOW A LAWYER, THEN YOU SHOULD GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP:

LAWYER REFERRAL SERVICE -

Office of the Court Administrator
Clearfield County Court House
230 Market Street - Suite 228
Clearfield, PA 16830
Telephone (814) 765-2641

Extension 1300 or 1301

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant,

No.: 02 - 449 - C.D.

**COMPLAINT
FIRST COUNT**

AND NOW, comes the Plaintiff, **Paul Simanic**, by and through his attorney, **Thomas J. Sibert, Esquire**, and submits the following in support of his Complaint:

1. The Plaintiff, **Paul Simanic**, is an individual that resides at 2 State Street, Sykesville, Pennsylvania 15865.
2. The Defendant, Melinda Daisher, is an individual that resides at 20 Jones Street, Lot 4, Stoneboro, Pennsylvania.
3. On or about April 2, 2000, the Plaintiff, Paul Simanic, was traveling in a northerly direction along SR Route 3009, Bill Township, Clearfield County, PA, when the Defendant, Melinda Daisher, who was traveling in a southerly direction along the same route, caused her vehicle to come over into the lane of the Plaintiff's vehicle and collide with the Plaintiff's car.

4. The Plaintiff submits that the Defendant, was negligent, careless, and reckless in the following respects:

- (a). By failing to keep her vehicle in the proper lane of travel,
- (b.) By failing to give notice to vehicles, which were operating in the northbound lane, of her intentions to travel over into the northbound lane, and
- (c.) By operating her vehicle at an unsafe speed for the conditions which then and there existed.

5. The Plaintiff further submits that as a direct and proximate result of the said accident and subsequent injuries, he has suffered the following injuries:

- (a) Trauma to the neck and back,
- (b) Thoracic sprain and thoracic strain of the lower back,
- (c) Trauma to the hip, and
- (d) Trauma to the middle back.

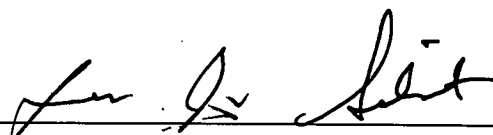
6. The Plaintiff further submits that as a direct and proximate result of the accident and subsequent injuries, he has had to incur medical cost in connection with care and treatment of his injuries. And because his injuries are permanent in nature, he will most likely have to incur medical expenses far into the future.

7. The Plaintiff further submits that as a direct and proximate result of the accident and subsequent injuries he has been unable to perform his employment duties and has loss income.

8. The Plaintiff further submits that as a direct and proximate result of the accident and subsequent injuries he has suffered great pain and suffering. Because his injuries are permanent in nature he is most likely to continue to suffer pain far into the future.

Wherefore, the Plaintiff demands judgment against the Defendant in an amount in excess of \$25,000.00, and demands trial by jury.

Respectfully submitted,



Thomas J. Sibert, Esq.
Attorney for Plaintiff

COMMONWEALTH OF PENNSYLVANIA

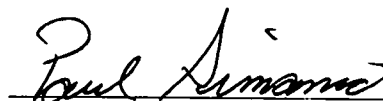
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SS.

COUNTY OF CAMBRIA

:

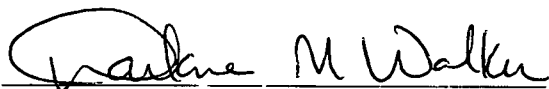
Paul Simanic, being by me, the undersigned authority, duly sworn according to law, who deposes and says that the matters and facts set forth in the foregoing Pleading are true and correct to the best of affiant's knowledge, information and belief.



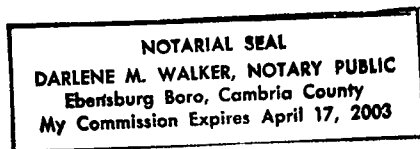
Paul Simanic

Sworn to and subscribed before me

this 13th day of June, 2002.



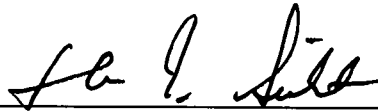
Notary Public



CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within **Plaintiff's Complaint** was served on all Counsel listed below, by First Class Mail, postage prepaid at Ebensburg, PA on this 13th day of June, 2002:

John C. Dennison, II, Esquire
Dennison, Dennison & Harper
293 Main Street
Brookville, PA 15825-1291



Thomas J. Sibert, Esquire
Attorney for Plaintiff

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

CIVIL ACTION - LAW

Number 02 - 449 C.D.

Type of Case: Civil Division

Type of Pleading: Certificate of Service

Filed on behalf of: Defendant

Counsel of Record for this Party:

John C. Dennison, II
Supreme Court Number: 29408

Troy J. Harper
Supreme Court Number: 74753

DENNISON, DENNISON & HARPER
293 Main Street
Brookville, Pennsylvania 15825
(814) 849-8316

FILED

JUL 05 2002

William A. Shaw
Prothonotary

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

* In the Court of Common Pleas of
* Clearfield County, Pennsylvania
*
* Civil Action - Law
*
*
*
* Number 02 - 449 C.D.

CERTIFICATE OF SERVICE

I certify that an original and two certified copies of the First Set of Interrogatories
Directed to the Plaintiff and an original and two certified copies of the First Set of Request for
Production of Documents Directed to the Plaintiff were served on the 2nd day of
July, 2002, by United States Mail, First Class, Postage Prepaid,

Thomas J. Sibert, Esq.
Attorney at Law
300 West Highland Avenue
Ebensburg, Pennsylvania 15931

DENNISON, DENNISON & HARPER

By


John C. Dennison, II

Attorneys for the Defendant

FILED

JUL 05 2002

m11a:45

BA

NO
Cc

WAS
William A. Shaw
Prothonotary

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

CIVIL ACTION - LAW

Number 02 - 449 C.D.

Type of Case: Civil Division

Type of Pleading: Answer and New Matter

Filed on behalf of: Defendant

Counsel of Record for this Party:

John C. Dennison, II
Supreme Court Number: 29408

Troy J. Harper
Supreme Court Number: 74753

DENNISON, DENNISON & HARPER
293 Main Street
Brookville, Pennsylvania 15825
(814) 849-8316

FILED

JUL 23 2002

7/11/02
William A. Shaw
Prothonotary

8
K28

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

* In the Court of Common Pleas of
* Clearfield County, Pennsylvania

*

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* Civil Action - Law

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* Number 02 - 449 C.D.

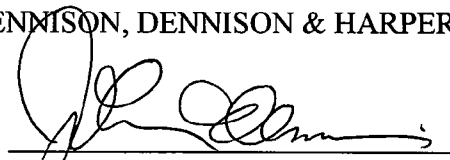
NOTICE TO PLEAD

TO: PAUL SIMANIC:

You are hereby notified to plead to the within New Matter within twenty (20) days from service hereof or a default judgment may be entered against you.

DENNISON, DENNISON & HARPER

By



John C. Dennison, II
Attorneys for the Defendant

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

* In the Court of Common Pleas of
* Clearfield County, Pennsylvania

*

*

* Civil Action - Law

*

*

*

* Number 02 - 449 C.D.

ANSWER AND NEW MATTER

AND NOW, comes the Defendant, MELINDA DAISHER, by and through her attorneys, Dennison, Dennison & Harper, who file the following Answer and New Matter in response to the Plaintiff's Complaint:

1. After reasonable investigation, the Defendant, Melinda Daisher, is without sufficient knowledge and information to form a belief as to the truth of the averments of Paragraph 1 of the Plaintiff's Complaint, and said averments are therefore denied.

2. Denied. The Defendant has a mailing address of P.O. Box 778, Sandy Lake, Pennsylvania 16145.

3. The averments of Paragraph 3 of the Plaintiff's Complaint are admitted insofar as the Plaintiff was traveling in a northerly direction along SR 3009, Bill Township, Clearfield County, PA, and the Defendant was traveling in a southerly direction along the same route. With respect to the remaining averments, said averments are denied pursuant to Pa.R.C.P. 1029(e), and no further response is required.

4. The averments of Paragraph 4 of the Plaintiff's Complaint and subparagraphs (a) through (c) thereof are denied pursuant to Pa.R.C.P. 1029(e), and no further response is required.

5. After reasonable investigation, the Defendant, Melinda Daisher, is without sufficient knowledge and information to form a belief as to the truth of the averments of Paragraph 5 of the Plaintiff's Complaint and subparagraphs (a) through (d) thereof, and said averments are therefore denied.

6. After reasonable investigation, the Defendant, Melinda Daisher, is without sufficient knowledge and information to form a belief as to the truth of the averments of Paragraph 6 of the Plaintiff's Complaint, and said averments are therefore denied.

7. After reasonable investigation, the Defendant, Melinda Daisher, is without sufficient knowledge and information to form a belief as to the truth of the averments of Paragraph 7 of the Plaintiff's Complaint, and said averments are therefore denied.

8. After reasonable investigation, the Defendant, Melinda Daisher, is without sufficient knowledge and information to form a belief as to the truth of the averments of Paragraph 8 of the Plaintiff's Complaint, and said averments are therefore denied.

WHEREFORE, the Defendant, Melinda Daisher, demands judgment in her favor and against the Plaintiff. **JURY TRIAL DEMANDED.**

CERTIFICATE OF SERVICE

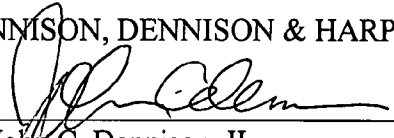
I certify that a true and correct copy of the foregoing Answer and New Matter was served
on the 22nd day of July, 2002, by United States Mail, First Class,

Postage Prepaid, addressed to the following:

Thomas J. Sibert, Esq.
Attorney at Law
300 West Highland Avenue
Ebensburg, Pennsylvania 15931

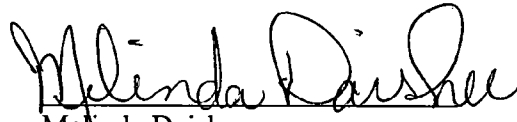
DENNISON, DENNISON & HARPER

By


John C. Dennison, II
Attorneys for the Defendant

VERIFICATION

I verify that the averments made in the foregoing Answer and New Matter are true and correct to the best of my knowledge, information and belief. I understand that false statements herein made are subject to the penalties of 18 Pa.C.S.A. Section 4904, relating to unsworn falsification to authorities.


Melinda Daisher

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER

Defendant.

No.: 02 - 449 C.D.

REPLY TO NEW MATTER

Filed on behalf of Plaintiff,

Counsel of record for this party:

THOMAS J. SIBERT, ESQUIRE
PA ID# 34948

Thomas J. Sibert, Esquire
Attorney at Law
300 West Highland Avenue
Ebensburg, Pennsylvania 15931
814-471-7500

FILED

JAN 27 2003

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER

Defendant.

No.: 02 - 449 C.D.

REPLY TO NEW MATTER

AND NOW, comes the Plaintiff by and through his attorney, **Thomas J. Sibert**, Esquire, and submits the following Reply to the New Matter filed by the Defendant.

9. Admitted.

10. Denied. After reasonable investigation, the Plaintiff is without sufficient information to form a belief as to the truth of the averment. Strict proof is demanded at the time of trial.

11. Denied. To the contrary, Plaintiff has stated a cause of action for which relief can be granted.

WHEREFORE, the Plaintiff requests your Honorable Court to strike off the New Matter filed by the Defendant, Melinda Daisher, with prejudice.

Respectfully submitted,




Thomas J. Sibert
Attorney for Plaintiff

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within **PLAINTIFF'S REPLY TO NEW MATTER** was served on all Counsel listed below, by First Class Mail, postage prepaid at Ebensburg, PA on this 24th day of January, 2003:

John C. Dennison, II, Esquire
Dennison, Dennison & Harper
293 Main Street
Brookville, PA 15825



Thomas J. Sibert, Esquire
Attorney for Plaintiff

FILED

18:45 301

JAN 27 2003

W/O
cc
[Signature]

William A. Shaw
Prothonotary

CA
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER

Defendant.

No.: 02 - 449 C.D.

PRAECIPE FOR ARBITRATION

Filed on behalf of Plaintiff,

Counsel of record for this party:

THOMAS J. SIBERT, ESQUIRE
PA ID# 34948

Thomas J. Sibert, Esquire
Attorney at Law
300 West Highland Avenue
Ebensburg, Pennsylvania 15931
814-471-7500

FILED

SEP 22 2003

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER

Defendant.

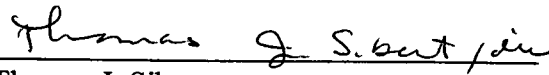
No.: 02 - 449 C.D.

PRAECIPE FOR ARBITRATION

TO The Prothonotary:

Please put the above-captioned case down for Arbitration with a panel of five (5). The Arbitration hearing is expected to last one day.

Respectfully submitted,


Thomas J. Sibert
Attorney for Plaintiff

pc: John C. Dennison, II, Esquire

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within **Praecipe for Arbitration** was served on all Counsel listed below, by First Class Mail, postage prepaid, on this 17th day of September, 2003:

John C. Dennison, II, Esquire
Dennison, Dennison & Harper
293 Main Street
Brookville, PA 15825

Thomas J. Sibert, Esq.
Thomas J. Sibert, Esquire
Attorney for Plaintiff

FILED ^{icc}
SEP 22 2003
Attg Sibert

William A. Shaw
Prothonotary/Clerk of Courts

Arb - 12-9-03

DENNISON, DENNISON & HARPER

Attorneys at Law

Donald J. Dennison (1917-2002)
John C. Dennison, II
Troy J. Harper

293 Main Street
Brookville, PA 15825-1291
Telephone (814) 849-8316
Fax (814) 849-4656
E-Mail ddh@usachoice.net

October 22, 2003

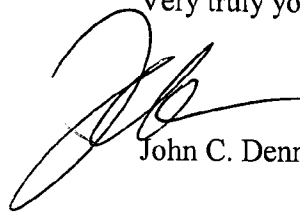
Marcy Kelley
Deputy Court Administrator
Clearfield County Court House
Suite 228, 230 East Market Street
Clearfield, PA 16830

RE: Simanic v. Daisher
Number 02-449-CD

Dear Ms. Kelley:

Enclosed is the Defendant's Pre-Trial Memorandum that I have prepared in regard to the above entitled matter. Kindly file the same.

Very truly yours,



John C. Dennison, II

JCD:slf

Enclosure

pc: Laurance B. Seaman, Esq.
Gary A. Knaresboro, Esq.
Christopher E. Mohny, Esq.
Thomas J. Sibert, Esq.

RECEIVED

OCT 24 2003

**COURT ADMINISTRATOR'S
OFFICE**

DENNISON, DENNISON & HARPER
ATTORNEYS AT LAW
293 MAIN STREET
BROOKVILLE, PENNSYLVANIA 15825

A

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

CIVIL ACTION - LAW

Number 449 of 2002 C.D.

Type of Case: Civil Division

Type of Pleading: Defendant's Pretrial
Memorandum

Filed on behalf of: Defendant

Counsel of Record for this Party:
John C. Dennison, II

Supreme Court Number: 29408

RECEIVED

OCT 24 2003

COURT ADMINISTRATOR'S
OFFICE

DENNISON, DENNISON & HARPER
293 Main Street
Brookville, Pennsylvania 15825
(814) 849-8316

WITNESSES

1. Melinda Daisher, Plaintiff.- Liability and Damages.
2. Trooper Richard Ferrara, Punxsutawney Barracks, Pennsylvania State Police,
Punxsutawney, Pennsylvania.- Liability and Damages.
3. Paul Simanic- Liability and Damages.
4. Any witness listed in Plaintiff's Pretrial Memorandum.

EXHIBITS TO BE INTRODUCED AT TRIAL

PURSUANT TO RULE 1305

1. Photographs of Plaintiff's vehicle as attached.
2. Photographs of Defendant's vehicle as attached.
3. Records from Dr. John J. Bellomo as attached.
4. Records from DRMC as attached.

DENNISON, DENNISON & HARPER

By 

John C. Dennison, II
Attorneys for Defendant

CLAIM PHOTOGRAPH
RECORD

Claim No. 6941503317

Insured Daisher



TAKEN _____ DATE _____
Negative available? _____
Yes _____ No _____

ON Client's Vehicle

PHOTO # _____ TAKEN _____ DATE _____

Negative available? _____

DESCRIPTION _____

COMMENTS: _____



SUBMITTED BY: _____

NAME

DATE

CLAIM PHOTOGRAPH
RECORD

Claim No. 6941503317
Insured Daisher



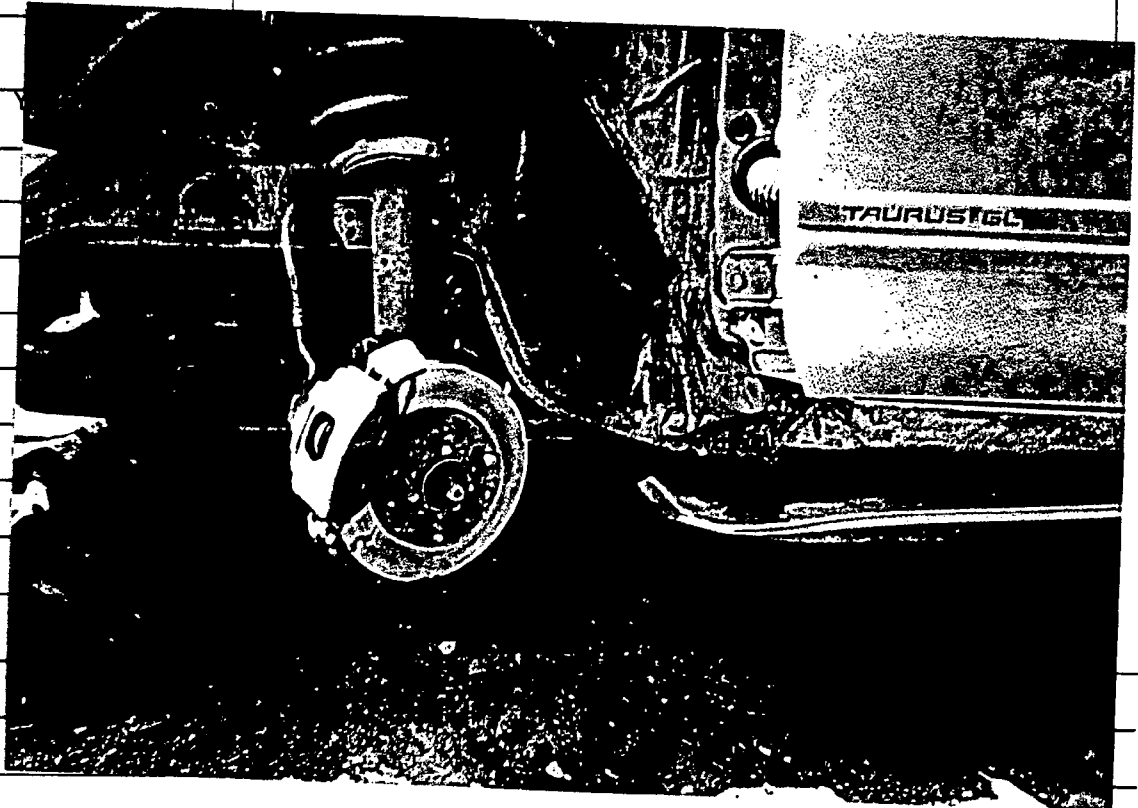
TAKEN _____ DATE _____
Negative available? Yes No

IN Inside vehicle

PHOTO # _____ TAKEN _____

Negative available? _____

DESCRIPTION _____



COMMENTS: _____

SUBMITTED BY: _____ NAME _____ DATE _____

6-6-60

1. Flecken
2. ...

4/6/00

S: Paul is a generally healthy, young man who was involved in a motor vehicle accident on Sunday. He was the belted driver of a pickup truck that was going north and he was struck in his driver's side front door side and then the opposing car slid along the back and swung his truck around taking the undercarriage out of his truck. He didn't feel immediate pain; however, shortly after his accident, he began to feel spasm and pain in his back and went to the emergency room for evaluation. His truck was fairly severely damaged and the other person's car was also badly damaged apparently. He was x-rayed and put on pain reliever and anti-inflammatory in the ER as well as a muscle relaxant. He continues to have pain in his left upper mid back.

O: Neurologically he is intact. He has normal deep tendon reflexes and strength and sensation in his lower extremities; however, when I palpate his back, he has muscle spasm and fairly marked tenderness in the area of T11 down to about L2 and the left paraspinal muscles are obviously hypertonic at present. He can bend forward to maybe 90 degrees with a fair amount of pain. If he tries to push it past that, it becomes very painful for him. He can rotate to the right perhaps to 45-50 degrees without much difficulty, but when he attempts to rotate to the left he winces and has to stop because of the pain at perhaps 30-35 degrees.

SIMANIC, PAUL (CONT.)

A: Significant muscular pain as a result of a motor vehicle accident, primarily in the paraspinal muscles. There is no evidence of neurologic compromise.

P: Because he is a young man and he does physical labor for work, I am going to send him to physical therapy quickly to try to get him on track so he doesn't develop chronic back pain. I think we will continue with his muscle relaxant as well as his pain reliever. I would like to see him not drive very much because it is difficult for him to turn. We will keep him out of work until he is significantly better as I am concerned about a re-injury. So we will see him back here _____ basis.

JOHN J. BELLOMO, D.O.

JJB/jms

Name	Paul Simanic	Date of Birth	6-6-60
Date	4-13-00 BP 138/82		

SIMANIC, PAUL 4/13/00 MOTOR VEHICLE ACCIDENT

S: Paul is here today for follow-up of his motor vehicle accident. He is taking the muscle relaxants and anti-inflammatory. He is doing fairly well. Physical therapy seems to have helped him a great deal, especially the electro_____ techniques. He is in to that now about a week or so and has another full week of sessions next week.

O: He is much less tender in his left lower thoracic paraspinals as he was previously. He can bend forward, but with some significant stiffness to about 90 degrees and he has pretty full right and left range of motion.

P: Given he is so tender and he is responding so well to therapy, we are going to keep him off until he is re-evaluated here on the 25th. I suspect that given that he is generally healthy, he should be able to improve quickly, but I don't want him to return to work too soon, otherwise he will risk re-injuring himself. So we will continue with the current therapy and I will meet him back here on the 25th at that point in time, we will decide on clearing him for work. I filled out his insurance claim forms here and we will fax that to Nationwide immediately.

JOHN J. BELLOMO, D.O.

JJB/jms

4-24-00	BP 108/60
39	

SIMANIC, PAUL 4/24/00 MOTOR VEHICLE ACCIDENT

S: Paul is here today for follow-up of his motor vehicle accident. He has had significant progress in physical therapy. He has had reduction in his pain down to a 3 out of 10. He has significantly less pain than he's had previously.

O: His flexibility is about unchanged, he can flex to about 90 degrees and has full right and left lateral rotation. On palpation, his spinous processes are non-tender. He is non-tender over his rhomboids or the thoracic muscles on either side. We reviewed his physical therapy report and the recommendation is at this point that he receive another week and half or two weeks of therapy to try to get him back to his baseline and to prevent re-injury. I think this is a reasonable thing to do given the fact that he works in construction and that he is likely to re-injure himself if he goes back to soon.

P: I will keep him off for two weeks here and it is my hope that at our visit again on the 8th, he will be able to return to work, regular duties with no further pain. If he gets worse in the meantime, he should let me know.

JOHN J. BELLOMO, D.O.

JJB/jms

[illegible]

SIMANIC, PAUL

5/8/20

MOTOR VEHICLE ACCIDENT

S: Paul is a young man here today for follow-up. He had injured his back in a motor vehicle accident and was treated in therapy as well anti-inflammatories and muscles relaxants. He primarily had left lower thoracic paraspinal muscle injury and he has progressed nicely in therapy and now is non-tender.

O: I can press on his thoracic paraspinals and spinous processes and he is non-tender. He can flex almost to touch the ground. He has normal right and left lateral mobility.

A: Resolved injury.

P: Return to work. He is to be careful about lifting and pushing so he doesn't re-injure himself. I will follow-up with him on an as needed basis.

JOHN J. BELLOMO, D.O.

JJB/jms

[illegible]

Name Paul Simanic

Date of Birth

06-00

Date

4/13/00 bp 138/92

SIMANIC, PAUL

4/13/00

MOTOR VEHICLE ACCIDENT

S: Paul is here today for follow-up of his motor vehicle accident. He is taking the muscle relaxants and anti-inflammatory. He is doing fairly well. Physical therapy seems to have helped him a great deal, especially the electro _____ techniques. He is in to that now about a week or so and has another full week of sessions next week.

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JOHN J. BELLOMO, D.O.

JJB/jms

4.2400

BP 108/60

39

SIMANIC, PAUL

4/24/00

MOTOR VEHICLE ACCIDENT

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O: His flexibility is about unchanged, he can flex to about 90 degrees and has full right and left lateral rotation. On palpation, his spinous processes are non-tender. He is non-tender over his rhomboids or the thoracic muscles on either side. We reviewed his physical therapy report and the recommendation is at this point that he receive another week and half or two weeks of therapy to try to get him back to his baseline and to prevent re-injury. I think this is a reasonable thing to do given the fact that he works in construction and that he is likely to re-injure himself if he goes back too soon.

P: I will keep him off for two weeks here and it is my hope that at our visit again on the 8th he will be able to return to work, regular duties with no further pain. If he gets worse in the meantime, he should let me know.

JOHN J. BELLOMO, D.O.

JJB/jms

Date of Birth 6-6-60

[illegible]

SIMANIC, PAUL

4/6/00

MOTOR VEHICLE ACCIDENT

S: Paul is a generally healthy, young man who was involved in a motor vehicle accident on Sunday. He was the belted driver of a pickup truck that was going north and he was struck in his driver's side front door side and then the opposing car slid along the back and swung his truck around taking the undercarriage out of his truck. He didn't feel immediate pain; however, shortly after his accident, he began to feel spasm and pain in his back and went to the emergency room for evaluation. His truck was fairly severely damaged and the other person's car was also badly damaged apparently. He was x-rayed and put on pain reliever and anti-inflammatory in the ER as well as a muscle relaxant. He continues to have pain in his left upper mid back.

O: Neurologically he is intact. He has normal deep tendon reflexes and strength and sensation in his lower extremities; however, when I palpate his back, he has muscle spasm and fairly marked tenderness in the area of T11 down to about L2 and the left paraspinal muscles are obviously hypertonic at present. He can bend forward to maybe 90 degrees with a fair amount of pain. If he tries to push it past that, it becomes very painful for him. He can rotate to the right perhaps to 45-50 degrees without much difficulty, but when he attempts to rotate to the left he winces and has to stop because of the pain at perhaps 30-35 degrees.

SIMANIC, PAUL (CONT.)

A. Significant muscular pain as a result of a motor vehicle accident, primarily in the paraspinal muscles. There is no evidence of neurologic compromise.

P: Because he is a young man and he does physical labor for work, I am going to send him to physical therapy quickly to try to get him on track so he doesn't develop chronic back pain. I think we will continue with his muscle relaxant as well as his pain reliever. I would like to see him not drive very much because it is difficult for him to turn. We will keep him out of work until he is significantly better as I am concerned about a re-injury. So we will see him back here _____ basis.

JOHN J. BELLOMO, D.O.

JJB/jms

1			
2			
3			
4			
5			

DATE: 4-6-00

NAME OF PATIENT: Paul Simanic

AGE: 39

ALLERGIES: —

PLACE: (route, east, west, work address): S.R. 6601 North

DATE & TIME OF ACCIDENT/INJURY 4-2-00 535 P.m

WEARING SEATBELT: ☒ YES NO N/A

LOCATION IN VEHICLE: DRIVER

DID YOU GO TO THE ER? ☒ YES NO

NAME & ADDRESS OF ER/HOSPITAL: DRmc west

X-RAYS OR TESTS PERFORMED: X-RAYS

PRESENT SYMPTOMS: (example: headache, back pain, etc.) BACK Pain

BRIEF DESCRIPTION OF ACCIDENT: Hit on Driver Side

AUTO INSURANCE OR WORKMANS COMPENSATION INFORMATION:

Claim# 54378628926 - 040200

CARLA BURGER

1-800-229-7272

EXT. 6949

Ntn Wide
Attn MBA-PA
PO Box 18269,
Columbus, Ohio,

432.8-2696.



DuChesne Regional
Medical Center

FAXED

PHYSICAL THERAPY DISCHARGE SUMMARY

Patient Name: Paul Simanic Referral Date: 4-10-00
Physician: Dr. Bellomo Discharge Date: 5-3-00
Diagnosis: Lumbosacral pain 2° MUA
Number of Visits: 10

Treatment Program:

Flexibility, strengthening.

Functional Status at Admission: (ADL'S, Hobbies, Work Level)

Limited sitting and activity tolerance due
to pain that progressed to 10/10

Goals/Functional Outcome at Discharge: (ADL'S, Hobbies, Work Level)

Pt with NO pain
Strength to at least 4+/5 throughout
Lumbar & LE ROM to

☒ HEP

Goals/Functional Outcomes not Achieved at Discharge and Why?

None

Education and Home Exercise Program:

Patient with a back and LE strength and flexibility
program
lifting and postural education

Employment Status at Discharge:

Patient to return to work

Comments:

Plan:

Dis to (F) home program

June M. Patch PT
Therapist Name

5400
Date

D

PAGE 2
Patient: Paul E. Simanic
P.T. Initial Evaluation (Continued)

TONE/PALPATION: Patient with tightness in the paraspinals at the thoracolumbar junction. He also does have some tenderness to palpate in the mid-line of this region.

TREATMENT: Patient was instructed in and performed posterior pelvic tilts at this time. He was also treated with ES and M14 to the thoracolumbar region.

GOALS:

1. Decrease patient's pain to 3/10 with activities.
2. Increase strength in the L5 by 1/2 MMT grade throughout to allow patient for return to work and full functional activity levels.
3. Increase lumbar bending and (L) lateral bend by at least 50% to improve work and functional activities.
4. Increase hip rotation and S1.R by at least 20° on the (L) to allow patient improved gait and activity tolerance.
5. Independent with I.L.P.

FUNCTIONAL OUTCOMES: Patient to return to work and previous activity level.

PATIENT/FAMILY PARTICIPATION IN PLAN: Yes.

UNDERSTANDING OF EXERCISE PROGRAM: Yes, patient with comprehension of exercise.

PATIENT EXPECTATIONS: Good for decrease in pain and improvement in activity.

ASSESSMENT:

Patient presents with decreased lumbar ROM, decreased L5 ROM, decreased L5 strength, musculoskeletal mal-alignment and tightness/tenderness throughout the thoracolumbar junction area.

PLAN:

Patient will be seen 2-3 times per week for up to 4 weeks to progress through a ROM and strength program. Modalities such as ES, US or soft tissue mobilization will be used as needed to decrease pain and help increase activity. He will progress to an independent I.L.P. as soon as possible.

Thank you for this referral. If you have any questions please feel free to contact me.

George M. Falula PT
George M. Falula, P.T.

GMF/mm

Making the difference for life.

PHYSICAL THERAPY INITIAL EVALUATION

Patient: Paul L. Simanle Date: 04/10/2000
Diagnosis: Lumbosacral Pain
Physician: John J. Bellomo, DO
Primary Ins: Nationwide Auto ID#54378628926-040
2nd Ins: Select Blue ID#PH12179565071

SUBJECTIVE:

How Injury/Episode Occurred: Patient reports that on 04/02/00 he was involved in a MVA. Patient reports that an oncoming car crossed the center line hitting him on the driver's side near the rear wheel-well. He reports that this impact turned his truck in several directions and jerked him around quite a bit. He reports the pain started soon after the accident and he went to the ER. X-rays were taken and these were negative. He reports at the current time he feels his pain in the upper lumbar area, more left-sided. He reports he has a constant aching-type pain. He also reports he gets a sharp pain or spasm with increased activity. He reports the activities that increase his pain are bending and turning. Heat will decrease his pain. He also reports that he is limited in sitting for periods of less than 30 minutes.

PMH/Medications: PMH is negative. Medications include a pain medication and a muscle relaxant.

Work Title/Description: Patient works for Hallstrom Construction as a laborer.

Employment Status at Admission: He is not working currently due to his injury.

OBJECTIVE:

FUNCTIONAL STATUS AT ADMISSION: Patient has limited activities and limited sitting tolerance. He is not able to work at the current time.

FUNCTIONAL STATUS BEFORE INJURY/EPISODE: Full pain-free activity level.

PAIN: Patient reports his pain is 5/10 at rest, progressing to a 10/10 with spasm or progressed with activity.

AROM/PROM: AROM forward lumbar bend fingertip to floor 1 1/2 in., lateral bending fingertip to floor to the right 24 in., to the left 21 1/2 in. AROM hip flexion on the (L) 85° on the (R) 90°. Supine hip external rotation PROM on the (L) 30°, on the (R) 65°.

STRENGTH: Seated hip flexion on the (L) 4/5, SLR on the (L) - 4 1/5. Knee flexion on the (L) 4/5. Hip extension on the (L) 3 1/5, on the (R) 4 1/5.

SPECIAL TESTS: Patient had an increase in pain with SLR on the (L) at 30°, on the (R) at 45°, also passively flexing the hips beyond 85-90°. Patient had a decrease in pain with manual lumbar traction. There was no change in pain symptoms with single leg pulls or anterior pelvic tilts.

MUSCULOSKELETAL/POSTURE: Patient with a (R) elevated iliac crest and a (L) posterior pelvic obliquity.

OBSERVATION: Not remarkable.

SENSATION/DTR'S: Sensation WNL to light touch in the LE's

Continued...

DUBOIS REGIONAL MEDICAL
100 Hospital Ave, DuBois, PA

SIMANIC, PAUL L
RD 1 BOX 168
DUBOIS

DIS - ER

Unit # 000334154

PA 15801-0000 Age 39Y

Acct # D0009300599

Date: 04/02/00 Time: 2139

MCKINLEY, ERIN A

BELLOMO, JOHN J
12-14 WEST LONG AVE
DUBOIS PA 15801

Chk-in #	Order	Exam	
394049	0001	43005	XR-THORACIC MIN 3
			Ord Diag: 959.8-INJURY MLT SITE/SITE NEC
394049	0001	43009	XR-LUMBOSACRAL COMP
			Ord Diag: 959.8-INJURY MLT SITE/SITE NEC

THORACIC SPINE:

Three views of the thoracic spine were obtained. There is minimal levoscoliotic curvature of the mid-lower thoracic spine. The thoracic vertebral bodies are of normal height. The disc spaces are normal. The pedicles are intact. The para-spinal soft tissues are normal.

There is no evidence of fracture.

LUMBAR SPINE:

Multiple views of the lumbar spine were obtained. The lumbar vertebral bodies are of normal height. The disc spaces are normal. The facet joints are normal. The pedicles are intact. The sacroiliac joints are normal.

IMPRESSION: NORMAL STUDY.

NIA CODE: THORACIC SPINE - N/LUMBAR SPINE - N

/READ BY/ GEORGE M KOSCO,
/Released By/ GEORGE M KOSCO,

04/03/00 1708
JLB

Complete



NOTE: This report is strictly Confidential and is for the information only of the person to whom it is addressed. No responsibility can be accepted if it is made available to any other person. INCLUDING THE PATIENT

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DRMC Physical Therapy Dept.
100 Hospital Ave. - Ground Floor
Telephone: 375-8372
Fax (814) 375-9025

DRMC
Physical Therapy
Prescription Form

Name: Paul Sumanic Date: 4-10-00

Diagnosis: _____

Duration: _____ Frequency of treatment: _____

Comments: _____

- | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Evaluate and treat | <input type="checkbox"/> Kincom/strength testing |
| <input type="checkbox"/> Prosthetics; orthotics | <input type="checkbox"/> Functional Capacity Exam |
| <input type="checkbox"/> Aquatic exercises | <input type="checkbox"/> Cervical traction |
| <input type="checkbox"/> Whirlpool | <input type="checkbox"/> Lumbar traction |
| <input type="checkbox"/> Moist heat | <input type="checkbox"/> Work Hardening |
| <input type="checkbox"/> Phonophoresis | <input type="checkbox"/> Home exercise program |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Strengthening program |
| <input type="checkbox"/> Electric stimulation | <input type="checkbox"/> Lifting tasks |
| <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> TNS |
| <input type="checkbox"/> Cryotherapy | <input type="checkbox"/> Gait training |
| <input type="checkbox"/> Massage/Myofascial release | <input type="checkbox"/> Supplies (cane, walker, etc.) |
| <input type="checkbox"/> Joint mobilization/ROM | <input type="checkbox"/> Braces (L/S support, immobilizer, slings, knee braces, etc.) |
| <input type="checkbox"/> Wound care | |
| <input type="checkbox"/> Superfeet inserts | |
| <input type="checkbox"/> Active Assistive ROM | |
| <input type="checkbox"/> Passive ROM | |

Additional instructions: _____

Physician Signature: _____

PHYSICAL THERAPY DEPARTMENT
P.O. BOX 447
DUBOIS PA 15801
(814) 375-3372

FAX (814) 375-3049

PHYSICIAN: Dr. Bellomo DATE: 4-24-00

PATIENT: Paul Simanik REFERRAL DATE: 4-10-00

DIAGNOSIS: Lumbosacral Pain 2° MVA

TREATMENT PROTOCOL: US, STM, Flexibility, strength.

FREQUENCY AND TOTAL VISITS TO DATE: 7

COMMENTS: Pain level ↓d to 3/10. Lumbar flexion
and lateral bend ↑d. Forward from 17 1/2" to 6 1/2"
Some hip capsular tightness but ER improved greatly
Tightness (B) hamstrings & slightly in low paraspinals
Still with some weakness in (L) hip extension 4/5
(L) Hip flexion / SLR 4/5, (L) Paraspinals 4/5.

PLAN: With patients heavy work level I would recommend
another 1 1/2 - 2 weeks of Strengthening & flexibility to
to risk of immediate re-aggravation. Thank You
THERAPIST Jorge M. Fatch PT

PLEASE CHECK THE APPROPRIATE ORDERS:

☒ Continue with Recommended Treatment

☐ Discharge and/or Discontinue Treatment

Additional orders: _____

Physician's Signature [Signature] Date 4/24/01



**DuBois Regional
Medical Center**

100 Hospital Avenue
DuBois, Pennsylvania 15801-0447

Outpatient Therapy: (814) 375-3372

Making the difference for life.

PHYSICAL THERAPY INITIAL EVALUATION

Patient: Paul L. Simanic
Diagnosis: Lumbosacral Pain
Physician: John J. Bellomo, DO
Primary Ins: Nationwide Auto
2nd Ins: Select Blue

Date: 04/10/2000

ID#5437B628926-040
ID#PHZ179565071

SUBJECTIVE:

How Injury/Episode Occurred: Patient reports that on 04/02/00 he was involved in a MVA. Patient reports that an oncoming car crossed the center line hitting him on the driver's side near the rear wheel-well. He reports that this impact turned his truck in several directions and jerked him around quite a bit. He reports the pain started soon after the accident and he went to the ER. X-rays were taken and these were negative. He reports at the current time he feels his pain in the upper lumbar area, more left-sided. He reports he has a constant aching-type pain. He also reports he gets a sharp pain or spasm with increased activity. He reports the activities that increase his pain are bending and turning. Heat will decrease his pain. He also reports that he is limited in sitting for periods of less than 30 minutes.

PMH/Medications: PMH is negative. Medications include a pain medication and a muscle relaxant.

Work Title/Description: Patient works for Hallstrom Construction as a laborer.

Employment Status at Admission: He is not working currently due to his injury.

OBJECTIVE:

FUNCTIONAL STATUS AT ADMISSION: Patient has limited activities and limited sitting tolerance. He is not able to work at the current time.

FUNCTIONAL STATUS BEFORE INJURY/EPISODE: Full pain-free activity level.

PAIN: Patient reports his pain is 5/10 at rest, progressing to a 10/10 with spasm or progressed with activity.

AROM/PROM: AROM forward lumbar bend fingertip to floor 17 ½ in., lateral bending fingertip to floor to the right 24 in., to the left 21 ½ in. AROM hip flexion on the (L) 85° on the (R) 90°. Supine hip external rotation PROM on the (L) 30°, on the (R) 65°.

STRENGTH: Seated hip flexion on the (L) 4/5, SLR on the (L) 4 - 4+/5. Knee flexion on the (L) 4/5. Hip extension on the (L) 3+/5, on the (R) 4+/5.

SPECIAL TESTS: Patient had an increase in pain with SLR on the (L) at 30°, on the (R) at 45°, also passively flexing the hips beyond 85-90°. Patient had a decrease in pain with manual lumbar traction. There was no change in pain symptoms with single leg pulls or posterior pelvic tilts.

MUSCULOSKELETAL/POSTURE: Patient with a (R) elevated iliac crest and a (L) posterior pelvic obliquity.

OBSERVATION: Not remarkable.

SENSATION/DTR'S: Sensation WNL to light touch in the LE's.

Continued...

Page 2

Patient: Paul L. Simanic

P.T. Initial Evaluation (Continued)

TONE/PALPATION: Patient with tightness in the paraspinals at the thoracolumbar junction. He also does have some tenderness to palpate in the mid-line of this region.

TREATMENT: Patient was instructed in and performed posterior pelvic tilts at this time. He was also treated with ES and MH to the thoracolumbar region.

GOALS:

1. Decrease patient's pain to 3/10 with activities.
2. Increase strength in the LE by ½ MMT grade throughout to allow patient for return to work and full functional activity levels.
3. Increase lumbar bending and (L) lateral bend by at least 50% to improve work and functional activities.
4. Increase hip rotation and SLR by at least 20° on the (L) to allow patient improved gait and activity tolerance.
5. Independent with H.E.P.

FUNCTIONAL OUTCOMES: Patient to return to work and previous activity level.

PATIENT/FAMILY PARTICIPATION IN PLAN: Yes.

UNDERSTANDING OF EXERCISE PROGRAM: Yes, patient with comprehension of exercise.

PATIENT EXPECTATIONS: Good for decrease in pain and improvement in activity.

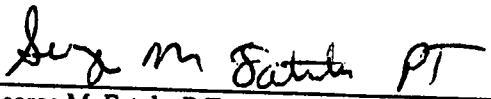
ASSESSMENT:

Patient presents with decreased lumbar ROM, decreased LE ROM, decreased LE strength, musculoskeletal mal-alignment and tightness/tenderness throughout the thoracolumbar junction area.

PLAN:

Patient will be seen 2-3 times per week for up to 4 weeks to progress through a ROM and strength program. Modalities such as ES, US or soft tissue mobilization will be used as needed to decrease pain and help increase activity. He will progress to an independent H.E.P. as soon as possible.

Thank you for this referral. If you have any questions please feel free to contact me.


George M. Fatula, P.T.

GMF/mm

② 4/12/00

S: Pt reports that he had ~ 10 hours of relief from last treatment before pain returned.

O: Pt seen for manual traction, hip Adductor stretch and hip ER stretch. Instructed in and performed hip Adductor and glute sets. Treated C MHT & IFES Quadra polar 80-150 Hz to threshold Jct over ③ to L para, Spasm & Inflam.

A: ~~tolerance~~ well

P: Progress Flexibility & hip strength large motor skills PT

③ 4/13/00

S: Pt reports that he had a constant "annoying" pain all yesterday at the ② T-L Jct

O: Pt seen for STM to ① Low thoracic / upper lumbar paraspinous x 10 min. Pt treated to manual stretch of ② hip ER, IR, Adductors. manual lumbar brach and MFR ② Pull in DF & IR on ①. ARom flexions fingertip to floor 12' from ① hip ER 47°

A: Better hip ER. Tight IR ②

P: routine treatment. Add stretches for hip large motor skills PT

4/19/00 8:00-8:40 am
Pt reports that STM and DIC E-Stim seemed to work well. States that he had some to soreness Friday from 1d activity.

Pt seen for US X 8 min 2.0 W/cm² to ① low thoracic upper lumbar paraspinals to ↑ mobility & ↓ Pain. STM done to same area to ↓ restriction X 10 min. manual stretching of ② hip IR & ER and MFR by wall on ①. Pt was instructed in and performed Piriformis and glute stretch.

① hip tighter than ②

entire treatment. ↑ ① hip strength

Surge M. Satch PT

③

4/19/00 8:00-8:40 am

Pt reports pain level now 3/10 rest 5/10 activity

① hip flexion 4/5 ② hip extension 3+1/5. Pt seen

~ US X 8 min 2.0 W/cm² to ② thoracic paraspinals to ↑ ROM. 10 minutes of STM to same area to

restriction. manual stretching of ① hip IR & ER minutes. PROM ER ① supine 70°. instructed in and performed bilateral hip ext over the puffed sheet on gym sheet.

Better hip ER. needs further stretch. Pain & ↓ entire strength & ROM activities.

2)
11/21/00

: Pain level slightly less. Hip Ext good

1: Abdom flexion fingertip to floor $6\frac{1}{2}$ ". Lateral bend
fingertip to floor (R) 23" (L) 21". Pt seen for manual
assisting stretching to hip IR stretch on (L) then was
instructed in and performed well. hamstring stretch
and and ripped opposite arm/leg lift. 10 minutes.
Physioball seated knee ext and prone opposite
arm/leg lifts 5 min. Performed ther-ex program
on gym sheet 15 min.

: Better trunk motion.

: Notice strength/stability 1 week

See on Sat PT

3)

4/24/00 9:57 - 10:30 am

1: Pt reports slight stretch = hamstring wall stretch
1: Instructed in intensity of stretch. Strength of
) hip flexion/SLR 4/5, (L) paraspinal 4/5, (L) hip extensi
1/5. All others were WNL. Pt seen for physioball
tabulation/strength seated knee ext, posture correct,
and prone opp arm/leg lifts. Manual stretch of
) hamstrings. Performed ther-ex on gym sheet.

: Doing well. Still some (L) hip & low back issues

: Recommend further strength/flexibility before return

5/1/00
Pt reports that Dr. agreed that he was not ready to return to work & needed further sessions.
Pt performed scapular retractor 10#, seated knee ext and opp arm/leg lifts on physio ball. Pt performed ther-ex program per gym sheet & additional circles.
did well & increased activity
entire strengthening program & week Surgeon M. Batela

5/1/00 7:00 - 7:35 am

Pt reports that he is making good progress.
Pt sees for manual stretch of @ hamstrings 2 min forward bend - fingertip to floor 2". Pt performed physio ball: seated knee ext, prone opposite arm/leg lifts, one retractor 5# and abdominal curls 12 min.
performed ther-ex program per gym sheet & runs.
Increased activity. Better ladder runs.
entire this week Surgeon M. Batela PT

⑩ 5/3/00 7:00 - 7:30 am.

∴ Pt reports basically no pain. Confident with exercises and no specific difficulties w any activities.

∴ Pt performed prone opposite arm/leg lifts, prone scapular retractions 5x, seated knee ext and abdominal curls on lyschell x 10 minutes. Patient seen for hamstring stretch

③ 3 min. Strength SLR/hip flexion ④ 4+ to 5/5, hip extension ④ 4+ to 5/5 Paraspinals 4+ to 5/5 ④, ∴ Forward reach fingertip to floor 2 1/2". Pt performed the ex regimen per gym sheet 13 min.

∴ All goals met. Doing well

∴ OIC to ① HEP

Sign on Patricia PT



DuBois Regional
Medical Center

PHYSICAL THERAPY DISCHARGE SUMMARY

Patient Name: Paul Simanic Referral Date: 4-10-00

Physician: Dr. Bellomo Discharge Date: 5-3-00

Diagnosis: Lumbosacral pain 2° MVA

Number of Visits: 10

Treatment Program:

Flexibility, strengthening.

Functional Status at Admission: (ADL'S, Hobbies, Work Level)

Limited sitting and activity tolerance due
to pain that progressed to 10/10

Goals/Functional Outcome at Discharge: (ADL'S, Hobbies, Work Level)

Pt with NO pain
Strength to at least 4+/5 throughout
Lumbar & LE Rom to

☒ HEP

Goals/Functional Outcomes not Achieved at Discharge and Why?

None

Education and Home Exercise Program:

Patient with a back and LE strength and flexibility
program
lifting and postural education

Employment Status at Discharge:

Patient to return to work

Comments:

Plan:

Dic to (I) home program

Lore M. Batula PT
Therapist Name

5-4-00
Date

AUTHORIZATION FOR EMERGENCY, OUTPATIENT, OR SHORT PROCEDURES UNIT TREATMENT

or Paul), voluntarily authorize and consent to diagnostic procedures, examinations, and/or medical care as prescribed by, or deemed necessary in the judgement of Dr. Palmer for Short Procedures Unit Services.

Examinations, and/or medical care as prescribed by, or deemed necessary, by _____

☒ Emergency Treatment ☐ Outpatient Services ☐ Short Procedures Unit Services.

understand that this consent does not include operations or any non-routine procedures or treatment, and that the risks and alternatives for such procedures or treatment, which a reasonable patient would consider significant to a decision whether or not to undergo such treatment or procedures, will be explained to me by my treating physician or another physician designated by him.

certify that no guarantees have been made to me as to the results of treatment. **NOTE: This report is strictly Confidential**

certify that no guarantees have been made to me as to the results of treatment. This form has been explained to me and I certify that I understand its contents.

Signature of Patient _____ Relationship _____

THIS REPORT IS STRICTLY CONFIDENTIAL AND IS FOR THE INFORMATION ONLY OF THE PERSON TO WHOM IT IS ADDRESSED. NO RESPONSIBILITY CAN BE ACCEPTED IF IT IS MADE AVAILABLE TO ANY OTHER PERSON INCLUDING THE PATIENT.

Signature of Patient

Relationship

Witness

patient is unable to consent for the following reason:

Signature of Patient Representative

Relationship

Date/Time

Witness

Witness

RELEASE FROM RESPONSIBILITY FOR DISCHARGE

I am leaving (or taking _____ from) the DuBois Regional Medical Center against the advice of my physician. I have been informed of the risks involved in this decision. I hereby release the DuBois Regional Medical Center, its staff, and my physician from all responsibility for any ill effects which may result from this action.

Signature of Patient

Relationship

Date/Time

Witness

Witness

DuBois Regional Medical Center - Emergency Department
100 Hospital Ave.
DuBois, PA 15801
(814)371-2200

Patient: Paul Simanic, 334154

Date: 04/02/2000 Time: 22:08

Discharge Instructions

Learning Needs Identified: Illness, Medication, Follow-up Care
Primary Language: English
Barriers Identified: None
Intervention for Barriers to Learning: None
Teaching Methods Used: Printed patient instruction, Verbal instruction

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You were treated today by GEORGE JR PALMER, MD.

THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE
Call as soon as possible to make an appointment in 2 days to see JOHN J BELLOMO, DO.
You can reach JOHN J BELLOMO at (814)371-3730, 12-14 WEST LONG AVE,
DUBOIS, PA, 15801. If you have any problems before this appointment, call the office.

THIS INFORMATION IS ABOUT YOUR DIAGNOSIS MUSCLE STRAIN.

Muscles are made up of thousands of tiny fibers. When you strain a muscle, a few of these fibers break. Your muscle will feel better when these damaged fibers heal. It may take up to 6 weeks to fully heal the injured muscle.

Follow these instructions:

- moist heat four times a day.
- Keep the injured part above the level of your heart, if you can, during the first few days. This will reduce the pain and swelling.
- Rest more than usual for the next few days.
- After a few days, gently stretch the muscles. That will help the muscles start working normally again. Do not use the muscle so much that it hurts.
- Avoid full-strength use of the muscle until you are pain free.

Call your doctor if:

- you are not feeling much better in 1 week.
- you have any new or severe symptoms.

THIS INFORMATION IS ABOUT YOUR MEDICINE NAPROXEN (Naprosyn, Anaprox, Aleve).

Take this medicine with food in the following dose: 500 mg by mouth 2 times a day if needed for pain.

This medicine is a pain reliever. It may be used to relieve symptoms such as inflammation (redness and swelling), stiffness, joint pain, and other kinds of pain. Side effects may include: an upset stomach, heartburn or drowsiness. Allergy would show up as: rash or itching, wheezing or shortness of breath.

Follow these instructions:

- Take this medicine with food to avoid an upset stomach.
- Do not take aspirin, ibuprofen, or ketoprofen while taking this medicine. (Check the labels on over-the-counter medicines.)
- Store this medicine away from heat, moisture or direct light.
- If you miss a dose, take it as soon as possible. If it is within 4 hours of your next dose (or within 8 hours if you are taking it once or twice a day), skip the missed dose. Do not double the doses.

Call your doctor if you have:

- any sign of allergy.
- any new or severe symptoms.

CYCLOBENZAPRINE (Flexaril).

Take this medicine in the following dose: 10 mg by mouth every 12 hours for muscle pain.

This medicine is a muscle relaxer. It will relieve pain from sore muscles. Side effects may include: sleepiness, dizziness, blurred vision or dry mouth. Allergy would show up as: rash or itching, wheezing or shortness of breath or low blood pressure.

Do the following:


- Take this medicine with food or milk to avoid an upset stomach.
- Sit or stand slowly to avoid dizziness.
- Use gum, hard candy, or ice chips for a dry mouth.
- Talk to your doctor before taking other medicines (including over-the-counter medicines).
- Store this medicine away from heat, moisture or direct light.
- If you miss a dose, take it as soon as possible. If it is within 2 hours of your next dose, skip the missed dose. Do not double the doses.
- Do not drink alcohol, drive or operate machinery while taking this medicine.

Call your doctor if you have:

- any sign of allergy.
- increased pain or muscle spasms.
- any new or severe symptoms.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."


Paul Simanic or Responsible Person

Paul Simanic or Responsible Person has received this information and tells me that all questions have been answered.


DuBois Regional Medical Center Staff Signature Date: 04/02/2000 Time: 22:08

You may receive a survey in about a week from DuBois Regional Medical Center regarding this Emergency Department visit. Please complete the survey, as we are interested in hearing your feedback! Thank You!

EMERGENCY DEPARTMENT RECORD Page 1 of 7

Time: 8:47 ☐ Emergent ☒ Urgent ☐ Nonurgent

CONDITION ON ARRIVAL: ☐ Poor ☐ Fair ☒ Satisfactory ☐ DOA

CHIEF COMPLAINT: Injured in MVA @ 7pm
long - struck in rear driver's side
by car. (4) fractured ribs
90 med. trauma pain. G.H.C.

VITAL SIGNS: Temp 98.8 Pulse 74 Resp 16 BP 140/78 O₂ Sat 94% Wt 170

ALLERGIES: Baranes.

CURRENT MEDS: ☐ See attached list 9 med.

IMMUNIZATIONS: ☒ DNA ☐ UP TO DATE LAST TT/TD: _____

VISUAL ACUITY: OD / OS / OU / ☐ CORRECTED ☐ UNCORRECTED

PT. PREGNANT? ☒ DNA ☐ YES ☐ NO ☐ UNSURE ☐ HYSTERECTOMY ☐ TUBAL LIGATION

TRIAGE TO: ☒ Registration ☐ Room Triage Nurse: 101

Primary Nurse: [Signature]

CHECK THE REQUESTED STUDIES			
<input type="checkbox"/> CBC	<input type="checkbox"/> Cardiac enzymes	<input checked="" type="checkbox"/> UA	<input type="checkbox"/> C&S
<input type="checkbox"/> Lytes	<input type="checkbox"/> CKMB	<input type="checkbox"/> UC	<input type="checkbox"/> Wet Mount
<input type="checkbox"/> BUN	<input type="checkbox"/> CPK, Trip, Myo	<input type="checkbox"/> RSS	<input type="checkbox"/> RSV
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Troponin I	<input type="checkbox"/> Throat C&S	<input type="checkbox"/> Triage Drug Screen
<input type="checkbox"/> Blood Sugar	<input type="checkbox"/> Digoxin level	<input type="checkbox"/> Blood C&S	<input type="checkbox"/> Coma Panel
<input type="checkbox"/> Amylase	<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Type and Screen	<input type="checkbox"/>
<input type="checkbox"/> PT/PTT	<input type="checkbox"/> Monospot	<input type="checkbox"/> Type and Cross	<input type="checkbox"/>
<input type="checkbox"/> Basic Met Prof.	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Type and Cross	<input type="checkbox"/>
<input type="checkbox"/> Hepatic Prof.	<input type="checkbox"/> ETOH	<input type="checkbox"/> Chlamydia	<input type="checkbox"/>
<input type="checkbox"/> Compre profile	<input type="checkbox"/> Magnesium	<input type="checkbox"/> GC	<input type="checkbox"/>

<input type="checkbox"/> EKG: Provisional Reading:	<input type="checkbox"/> Repeat
<input type="checkbox"/> ABG <input type="checkbox"/> on O ₂ <input type="checkbox"/> on Room Air	<input type="checkbox"/> Repeat <input type="checkbox"/> Repeat
<input type="checkbox"/> Proventil <input type="checkbox"/> Atrovent	<input type="checkbox"/> Repeat <input type="checkbox"/> Repeat
<input type="checkbox"/> Vaponephrine	<input type="checkbox"/> Repeat <input type="checkbox"/> Repeat
<input type="checkbox"/> Other	<input type="checkbox"/> Repeat <input type="checkbox"/> Repeat
<input type="checkbox"/> Peak Flows	<input type="checkbox"/>
<input type="checkbox"/> Chest <input checked="" type="checkbox"/> Portable Chest	<input type="checkbox"/> CT <input type="checkbox"/> Enhanced <input type="checkbox"/> Unenhanced
<input type="checkbox"/> Port Lat C Spine	<input type="checkbox"/>
<input type="checkbox"/> C Spine	<input type="checkbox"/>
<input type="checkbox"/> L5 Spine	<input type="checkbox"/>
<input type="checkbox"/> ABD Series	<input type="checkbox"/>

PHYSICIAN REPORT

EXAM TIME: 2:22

DISPOSITION OF PATIENT AND PATIENT INSTRUCTIONS

Condition On Discharge: ☒ Satisfactory ☐ Fair ☐ Poor Time: 2:25 WITH: ☐ self ☐ family ☐ other

☐ Admitted Room No: ☐ Physician Notified/Time: ☐ Sent Home ☐ Return to work ☐ Deceased ☐ Transferred NOTIFIED: ☐ Relative ☐ Police ☐ Coroner ☐ Poison Center

For follow-up care please see: ☐ Personal physician ☐ Occupational medicine ☐ ER if worse or not improving

FOLLOW INSTRUCTIONS ON: ☐ HEAD INJURY ☐ CULTURE ☐ STREP SCREEN ☐ LAB TEST ☐ X-RAY/EKG'S ☐ SPRAINS, STRAINS AND CONTUSIONS ☐ NOSEBLEEDS ☐ U.R.I. ☐ WOUND CARE AND BURN CARE ☐ GASTROENTERITIS AND/OR ABDOMINAL PAIN ☐ ALLERGY INJ. ☐ URINARY INFECTIONS ☐ CARE OF CHILD AND FEVER ☐ ANIMAL BITES ☐ CASTS ☐ EYE CARE ☐ TETANUS INJECTION ☐ MEDICATION ALERT ☐ MEDICATION USE

OTHER INSTRUCTION: Rx Percocet 10mg/650mg BID x 14; R Naproxyn 500mg BID x 14; caution upset stomach

☐ No Work or School Date: 4/9/00 or 4/10/00 ☐ No Physical Education ☐ Until Released by Physician ☐ Light Work Only

Method of Validating Knowledge: ☐ Verbalization ☐ Return Demo ☐ Other: _____

PATIENT/RESPONSIBLE PARTY: [Signature] NURSE'S SIGNATURE: [Signature] PHYSICIAN'S SIGNATURE: [Signature]

I hereby acknowledge receipt of these instructions, have read them and understand them. I further understand that I have had emergency treatment and that I may be released before all of my medical conditions have been treated. I will appear for follow-up care.



DuBois Regional Medical Center
EMERGENCY PHYSICIAN
RECORD
MVA (5)

17

TIME SEEN: 2/22 ROOM: 4 EMS Arrival
HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

HPI chief complaint: MVA Injury to: Neck/shoulder

occurred: just PTA position in vehicle:
driver passenger front back

context: car collision overturned vehicle
single-car accident (lost control / fell asleep / unknown cause)

location of pain/injuries:

head face mouth
neck chest abdomen
back upper mid lower
radiating to (R/L) thigh / leg

-right-		-left-	
shldr	hip	shldr	hip
arm	thigh	arm	thigh
elbow	knee	elbow	knee
f-arm	leg	f-arm	leg
wrist	ankle	wrist	ankle
hand	foot	hand	foot

severity of pain:

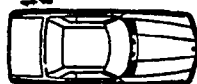
mild
moderate
severe

associated symptoms:

lost consciousness / dazed
duration:
remembers:
impact coming to hospital
seizure

site of impact:

"P" = primary "S" = secondary



force low mod. high
direct glancing

restraints:

none lap / shoulder

doesn't recall
car seat
air bag deployed
thrown from vehicle
ambulated at scene
long extrication

ROS ☐ all systems neg except as marked

loss feeling / power arms/legs
headache
double vision / hearing loss

trouble breathing / chest pain
nausea / vomiting
loss of bladder function
skin laceration
recent fever / illness

SOCIAL HISTORY recent ETOH smoker drug abuse

PAST HISTORY negative

Meds- none / see nurses note
Allergies- NKDA / see nurses note

SIMP PAUL
178 071 M 39Y 06/06/60
PALMER, GEORGE JR
BELLOMO, JOHN J

☒ Nurses note reviewed ☐ Tetanus immun. UTD ☒ Vital signs reviewed

PHYSICAL EXAM Alert Lethargic Anxious

Distress MAD mild moderate severe

Other c-collar (PTA / in ED) back-board IV splint

HEAD

no evidence
of trauma

see diagram

Battle's sign / Raccoon Eyes

NECK

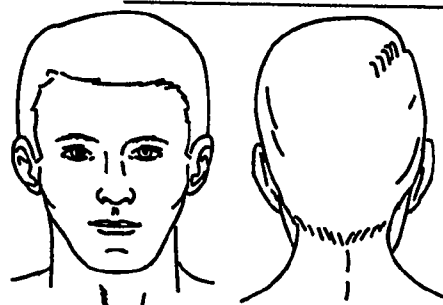
non-tender
painless ROM
trachea midline

see diagram

vertebral point-tenderness

muscle spasm / decreased ROM

pain on movement of neck



EYES

PERRL
EOMI

unequal pupils R mm L mm

EOM entrapment / palsy

subconjunctival hemorrhage

pale conjunctivae

ENT

normal external
inspection
no dental injury

hemotympanum

TM obscured by wax

clotted nasal blood

dental injury / malocclusion

RESP & CVS

chest non-tender
breath sounds nml
heart sounds nml

see diagram (on reverse)

decreased breath sounds

wheezing / rales

splinting / paradoxical movements

tachycardia

ABDOMEN

non-tender
no organomegaly

see diagram (on reverse)

rebound tenderness

mass / organomegaly

guarding

GENITAL / RECTAL

nml genital exam
nml vaginal exam
nml rectal exam
heme neg. stool

perineal hematoma

blood at urethral meatus

decreased rectal tone

NEURO / PSYCH

oriented x3
mood & affect
CN'S nml
as tested
sensation &
motor nml

confusion / disorientation

EOM palsy / anisocoria

facial asymmetry

unsteady / ataxic gait

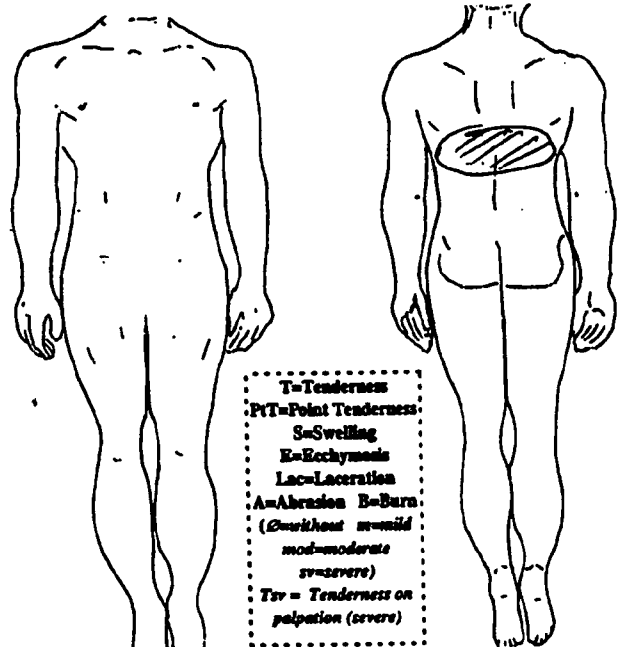
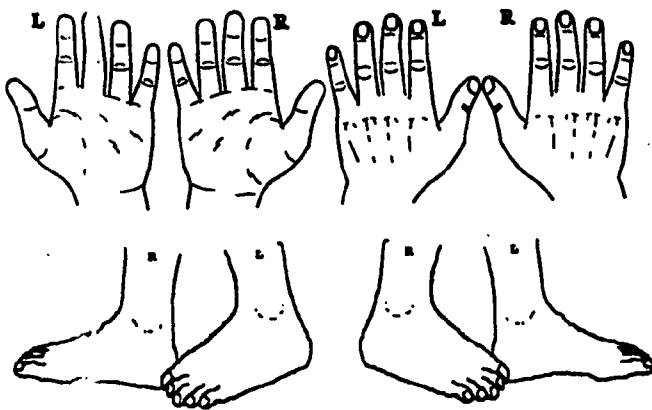
sensory / motor deficit



Reflexes

33411 0008300589 04/02/00
SIMANIC, PAUL L
179-56-5071 M 39Y 06/06/60
PALMER, GEORGE JR
BELLOMO, JOHN J

SKIN
☒ Intact
☒ warm, dry
BACK
☒ no CVA
☒ tenderness
☒ no vertebral tenderness
EXTREMITIES
☒ atraumatic
☒ pelvis stable
☒ hips non-tender
☒ no pedal edema
☒ nml R/L JM
 see diagram
 crepitus / diaphoresis
 see diagram
 vertebral point-tenderness
 CVA tenderness
 muscle spasm / limited ROM
 see diagram
 bony point-tenderness
 painful / unable to bear weight
 pulse deficit
 Joint Exam:
 limited ROM / ligaments laxity / joint effusion



T=Tenderness
 Pt=Point Tenderness
 S=Swelling
 E=Echymosis
 Lac=Laceration
 A=Abrasion B=Burn
 (Sw/heat m=mild
 mod=moderate
 sv=severe)
 Tsv = Tenderness on
 palpation (severe)

PROGRESS:

XRAYs ☒ Interp. by me ☒ Reviewed by me ☐ Discd w/radiologist
C-Spine **D-Spine** **LS-Spine**
☒ nml / NAD reversal / straightening of cerv. lordosis
☒ no fracture DJD / spondylosis / spurring
☒ nml alignment
☒ soft tissues nml
CXR ☐ rib fracture
☒ nml NAD infiltrate / atelectasis
☒ no infiltrates
☒ nml heart size
☒ nml mediastinum
OTHER ☐ See separate report
 A. A. RBC

Discussed with Dr. *Mya*
 will see patient in: office / ED / hospital
 CRIT CARE- 30-74 min
 75-104 min
 Counselor patient / family regarding:
 lab results diagnosis need for follow-up
 Prior records ordered
 Additional history from:
 family caretaker paramedics
 Rx given Admit orders written

CLINICAL IMPRESSION:

MYA

contusion

head	wrist	R/L
face	hand	R/L
chest	hip	R/L
abdomen	thigh	R/L
back	knee	R/L
shoulder	leg	R/L
arm	ankle	R/L
elbow	foot	R/L
forearm		R/L

sprain / strain

neck dorsal lumbar

concussion

with LOC w/o LOC

laceration

Wound Description/Repair
 length cm location
☒ superficial ☒ SQ ☒ muscle ☒ linear ☒ stellate ☒ irregular
☒ clean ☒ contaminated moderately / *heavily
 distal NVT: ☒ neuro & vascular status intact ☒ no tendon injury
 anesthesia: ☒ local ☒ digital block ☒ cc
☒ lidoc 1% 2% epi / bicarb ☒ marcaine .25% .5% ☒ LET
 prep:
☒ sterile saline irrigation ☒ debrided / undermined
☒ irrigated/washed w/ saline ☒ *extensively
☒ *extensively ☒ foreign material removed
☒ explored ☒ minimal moderate ☒ extensive
 repair: Wound closed with: dermabond / steri-strips
 SKIN. # -0 nylon / prolene / staples

DISPOSITION-
 CONDITION-

☒ home ☐ admitted ☐ transferred
☒ unchanged ☐ improved ☒ stable

TIME: 9:10 PM

334154 0009300599 04/02/00

SIMANIC, PAUL L

179-56-5071 M 39Y 06/06/60

PALMER, GEORGE JR

BELLOMO, JOHN J



Mode of Arrival	Arrived with	Self Care
<input checked="" type="checkbox"/> Ambulance <input checked="" type="checkbox"/> W.C. <input checked="" type="checkbox"/> Ambulatory <input checked="" type="checkbox"/> Carried <input checked="" type="checkbox"/> Gait Steady <input checked="" type="checkbox"/> Unsteady	<input checked="" type="checkbox"/> Self <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Friend <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Delegate <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Independent <input checked="" type="checkbox"/> Total Assist <input checked="" type="checkbox"/> Partial Assist <input checked="" type="checkbox"/> Child

Safety Measures	Environmental
<input checked="" type="checkbox"/> Siderails up <input checked="" type="checkbox"/> Call Bell <input type="checkbox"/> Family at bedside <input type="checkbox"/> Security present	<input checked="" type="checkbox"/> Lives with: <input checked="" type="checkbox"/> Self <input checked="" type="checkbox"/> Family <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/> Language barrier <input type="checkbox"/> Translator

Psychosocial
Overall appearance: <input checked="" type="checkbox"/> Normal Mood/affect: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Cooperative <input type="checkbox"/> Age appropriate <input type="checkbox"/> Unresponsive <input type="checkbox"/> Frail <input type="checkbox"/> Anxious <input type="checkbox"/> Blunted/flat <input type="checkbox"/> Combative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Obese <input type="checkbox"/> Crying <input type="checkbox"/> Lethargic <input type="checkbox"/> Confused

Trauma/Accidents
<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front <input checked="" type="checkbox"/> Back <input type="checkbox"/> Seat Belt on <input type="checkbox"/> Air bag deployed Type: <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle Impact: <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Rollover <input type="checkbox"/> Side <input type="checkbox"/> Helmet <input type="checkbox"/> Protective Clothing Time of incident: _____ Extraction needed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fall (____ feet) <input type="checkbox"/> GSW <input type="checkbox"/> Assault <input type="checkbox"/> Other _____

Airway
<input checked="" type="checkbox"/> Clear/Patent <input type="checkbox"/> Adjuncts _____ Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Dyspneic <input type="checkbox"/> Grunting <input type="checkbox"/> Stridor <input type="checkbox"/> Nasal flaring <input type="checkbox"/> Retractions <input type="checkbox"/> Accessory muscles <input type="checkbox"/> Absent <input type="checkbox"/> Other _____ Cough: <input type="checkbox"/> Non productive <input type="checkbox"/> Productive Breath Sounds: <input type="checkbox"/> Not assessed / DNA Right <input type="checkbox"/> Clear <input type="checkbox"/> Rales/crackles <input type="checkbox"/> Rhonchi/Coarse <input type="checkbox"/> Wheeze <input type="checkbox"/> Diminished <input type="checkbox"/> Absent <input type="checkbox"/> Tracheal Deviation <input type="checkbox"/> JVD Left <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Cardio Pulmonary
<input checked="" type="checkbox"/> DNA Chest pain <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____ Radiation: _____ Onset/Duration: _____ Pain Scale (0-10) _____ Character: _____ <input type="checkbox"/> Dyspnea <input type="checkbox"/> Syncope <input type="checkbox"/> Diaphoresis

Prehospital Care / Treatment
<input checked="" type="checkbox"/> DNA <input type="checkbox"/> LSB <input type="checkbox"/> CID <input type="checkbox"/> Stiff collar <input type="checkbox"/> IV of _____ at _____ in _____ <input type="checkbox"/> IV of _____ at _____ in _____ <input type="checkbox"/> Accucheck _____ <input type="checkbox"/> Meds: _____ <input type="checkbox"/> Splints _____ O ₂ <input type="checkbox"/> NC <input type="checkbox"/> Simple <input type="checkbox"/> Non-Rebreather Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> ETT _____ <input type="checkbox"/> EOA

Oxygen
_____ LPM _____ Time <input type="checkbox"/> NC <input type="checkbox"/> Simple face <input type="checkbox"/> Nonrebreather <input type="checkbox"/> Tube <input type="checkbox"/> Humidified <input type="checkbox"/> Ventilator Pulse Oximeter on at _____ %

Neurological
<input checked="" type="checkbox"/> DNA CARDIAC MONITOR <input type="checkbox"/> Rhythm _____ Pacemaker <input type="checkbox"/> Yes <input type="checkbox"/> No

PMH
<input checked="" type="checkbox"/> NONE <input type="checkbox"/> Unable to obtain <input type="checkbox"/> CHF <input type="checkbox"/> MI <input type="checkbox"/> Cardiac Cath <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma/COPD <input type="checkbox"/> Seizures <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> Dementia <input type="checkbox"/> Mental Illness <input type="checkbox"/> Ulcers <input type="checkbox"/> GI Bleed <input type="checkbox"/> Renal Disease <input type="checkbox"/> _____ <input type="checkbox"/> _____ Surgeries: <input type="checkbox"/> Angioplasty <input type="checkbox"/> CABG <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Appendectomy <input type="checkbox"/> _____ <input type="checkbox"/> _____

Circulation
Color: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mottled <input type="checkbox"/> Ashen <input type="checkbox"/> Sallow <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cold

Patient Status
Loss of Consciousness <input type="checkbox"/> Yes <input type="checkbox"/> No Duration _____ <input type="checkbox"/> Witnessed <input type="checkbox"/> Unwitnessed <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Visual disturbance <input type="checkbox"/> Appropriate verbal responses <input type="checkbox"/> Appropriate motor responses

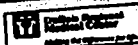
Pulses
Right Left <input type="checkbox"/> DNA Radial <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Thready <input type="checkbox"/> <input type="checkbox"/> Bounding <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/> <input type="checkbox"/> Pedal <input type="checkbox"/> <input type="checkbox"/> Normal <input type="checkbox"/> <input type="checkbox"/> Thready <input type="checkbox"/> <input type="checkbox"/> Bounding <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/> <input type="checkbox"/>

Pupils
<input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive <input type="checkbox"/> Non reactive <input type="checkbox"/> Dilated & Fixed <input type="checkbox"/> EOMI <input type="checkbox"/> Other _____

Capillary refill
_____ seconds Bleeding controlled <input type="checkbox"/> Yes <input type="checkbox"/> No

Extremity movement
Hand grasps <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Strong <input type="checkbox"/> Weak Leg movement <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak

Alcohol use: occTobacco use: 2 packs/dayCaffeine use: AA



Emergency Department Record

3 of 7

MISCELLANEOUS

☒ DNA

Musculoskeletal Injury/Wounds

☒ DNA

Mechanism of Injury/Description:

Injured at: ☐ Work ☐ Home ☐ Other
☐ See body diagram

334154 0009300599
SIMANIC, PAUL L

179-56-5071 M 39Y 06/06/60

PALMER, GEORGE JR

BELLOMO, JOHN J

04/02/00

EENT

EYES

Red ☐
Tearing ☐
Matted ☐
Burning/pain ☐
Itching ☐
Blurred vision ☐
Loss of vision ☐
Flashing light ☐
Floaters ☐
Foreign body ☐

OD ☐

OS ☐

EARS

Pain ☐
Drainage ☐
Decreased Hearing ☐
Other: _____

AD ☐

AS ☐

NOSE/THROAT

☐ Epistaxis
☐ Rhinorrhea
☐ Sore throat
☐ Dysphagia
Other: _____

DESCRIPTION:

GI/GU/GYN

☒ DNA

Abdomen:

☐ Soft ☐ Distended
☐ Guarding ☐ Rigid

Tenderness:

☐ none ☐ LUQ
☐ RUQ ☐ LLQ
☐ RLQ ☐ Epigastric

Bowel Sounds:

☐ Present
☐ Diminished
☐ Hyperactive
☐ None

Last BM _____

GI:

☐ Nausea ☐ Dry heaves
☐ Vomiting
☐ Diarrhea
☐ Rectal Bleed

GU:

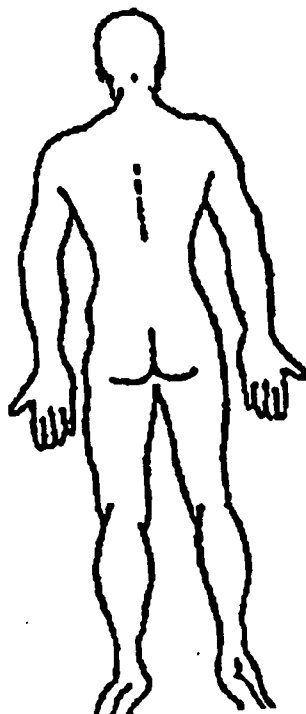
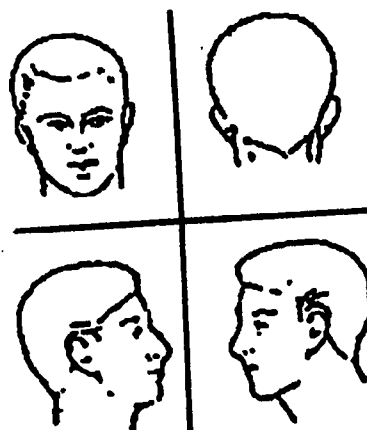
☒ voids without difficulty
☐ Flank pain R L
☐ Dysuria
☐ Urgency
☐ Hematuria
☐ Frequency
☐ Foley
☐ Other

GYN:

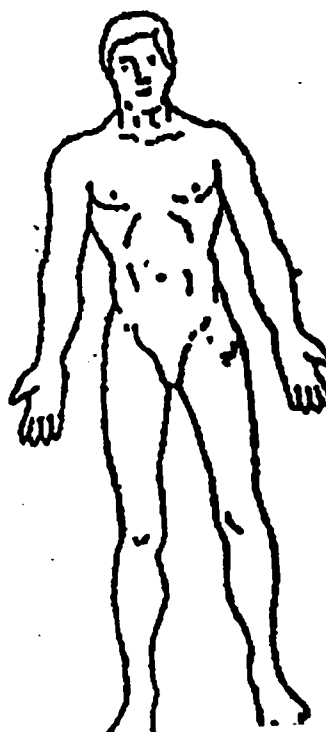
Fetal tones _____
☐ Vaginal bleeding
☐ Vaginal discharge
☐ History of ectopic

Para _____ Gravida _____ Ab _____

Description: _____



A - Abrasion
AM - Amputation
AV - Avulsion
B - Burn -1", 2", 3"
C - Contusion
CR - Crush
E - Ecchymosis
P - Penetration
H - Hematoma
L - Laceration
D - Deformity



Pat Name: SIMANIC, PAUL L
Unit #/Acct #: 000334154/D0009300599
Loc: ER 04/02/00
Phys-Service: PALMER, GEORGE JR - *EMERGENCY ROOM

In: 04/02/00 2148
Out: 04/02/00 2207
Coll Time: 04/02/00 2143
Order Phys: PALMER, GEORGE JR

URINALYSIS ROUTINE

Spec: Urine Voided
Techs: VER T00702*

[D0009300599/1147619]

*STAT*STAT*STAT*
Result Name Result

Color:	YELLOW
Clarity:	CLEAR
Glucose(mg/dl):	NEGATIVE
Bili, Ua:	NEGATIVE
Ketone, Ua(mg/dl):	NEGATIVE
Specific Gravity:	<=1.005
Blood, Occult:	NEGATIVE
pH(pH Units):	5.5
Protein(mg/L):	NEGATIVE
Urobilinogen(EU/dl):	0.2 E.U./dL
Nitrites:	NEGATIVE
Leukocytes:	NEGATIVE
WBCs(/HPF):	0
RBCs(/HPF):	0
Epithelial Cells(/LPF):	0
Order Comment:	BED 4

End of Report : 04/03/00 09:32am

Jose Costa M.D./Gregory Suslow M.D.
Outpatient Summary Report

SIMANIC, PAUL L
000334154/D0009300599
ER 04/02/00
(M-06/06/60)
Dr. PALMER, GEORGE JR

JOIS REGIONAL MEDICAL CENT
100 Hospital Ave, DuBois, PA 15801

SIMANIC, PAUL L
RD 1 BOX 168
DUBOIS

*ER

Unit # 000334154

PA 15801-0000 Age 39Y

Acct # D0009300599

Date: 04/02/00 Time: 2139

MCKINLEY, ERIN A

BELLOMO, JOHN J
12-14 WEST LONG AVE
DUBOIS PA 15801

Chk-in #	Order	Exam	
394049	0001	43005	XR-THORACIC MIN 3
			Ord Diag: 959.8-INJURY MLT SITE/SITE NEC
394049	0001	43009	XR-LUMBOSACRAL COMP
			Ord Diag: 959.8-INJURY MLT SITE/SITE NEC

THORACIC SPINE:

Three views of the thoracic spine were obtained. There is minimal levoscoliotic curvature of the mid-lower thoracic spine. The thoracic vertebral bodies are of normal height. The disc spaces are normal. The pedicles are intact. The para-spinal soft tissues are normal.

There is no evidence of fracture.

LUMBAR SPINE:

Multiple views of the lumbar spine were obtained. The lumbar vertebral bodies are of normal height. The disc spaces are normal. The facet joints are normal. The pedicles are intact. The sacroiliac joints are normal.

IMPRESSION: NORMAL STUDY.

✓WS

NIA CODE: THORACIC SPINE - N/LUMBAR SPINE - N

/READ BY/ GEORGE M KOSCO,
/Released By/ GEORGE M KOSCO,

04/03/00 1709
JLB

Complete

Law Office

THOMAS J. SIBERT, ESQ.

300 West Highland Avenue
Ebensburg, Pennsylvania 15931
Phone (814) 471-7500 • Fax (814) 471-9755

May 20, 2002

Attn: Medical Records Department
Dubois Regional Medical Center
Dubois, PA 15801

Re: Our Client: Paul Simanic
Social Security No.: 179-56-5071
Date of Accident: April 1, 2000

Ladies/Gentlemen:

This office represents the above named client who was treated at your facility as a result of injuries sustained in an accident which occurred or about April 1, 2000.

Would you please send me a copy of the specific hospital records which are indicated below:

☐ Emergency Room
☐ Narrative Medical Report
☒ Total, Itemized Bills

☒ Complete Record including:
Medical Record Chart
Consultative Reports
Operative Records
Laboratory Test Reports
X-ray Reports
Diagnostic Reports
Discharge Summary

If there is a charge for this service, please inform my office as soon as possible so payment can be made promptly. Also, a signed Authorization for release of information is enclosed.

Very truly yours,



Thomas J. Sibert, Esquire

TJS/dw
Enclosure

per Billing Department

EMERGENCY ROOM
179-88-5071 M 41V 08/08/80
SHILALA, PATRICK F
BELLOMO, JOHN J

100 Bellomo

Time: 2:45 ☐ Emergent ☐ Urgent ☒ Nonurgent

CONDITION ON ARRIVAL: ☐ Poor ☐ Fair ☒ Satisfactory ☐ DOA

CHIEF COMPLAINT: fell off piece machinery
@ work today. Painful @ knee.
Hurt @ walking.

VITAL SIGNS: Temp 97 Pulse 73 Resp 18 BP 138/78 O₂ Sat 10 WT

ALLERGIES: NKA

CURRENT MEDS: ☐ See attached list ☒ None

IMMUNIZATIONS: ☐ DNA ☐ UP TO DATE LAST TT/TD: Unknown

VISUAL ACUITY: OD OS OU ☐ CORRECTED ☐ UNCORRECTED

PT. PREGNANT? ☒ DNA ☐ YES ☐ NO ☐ UNSURE ☐ HYSTERECTOMY ☐ TUBAL LIGATION

TRIAGE TO: ☐ Registration ☐ Room ☒ Triage Nurse: Caroline [Signature]

Primary Nurse: [Signature]

<input type="checkbox"/> CBC	<input type="checkbox"/> Cardiac enzymes	<input type="checkbox"/> UA	<input type="checkbox"/> C&S
<input type="checkbox"/> Lyme	<input type="checkbox"/> CKMB	<input type="checkbox"/> UC	<input type="checkbox"/> Wet Mount
<input type="checkbox"/> BUN	<input type="checkbox"/> CPK, TPO	<input type="checkbox"/> RGS	<input type="checkbox"/> RSV
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Troponin I	<input type="checkbox"/> Throat C&S	<input type="checkbox"/> Triage Drug Screen
<input type="checkbox"/> Blood Sugar	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Blood C&S	<input type="checkbox"/> Corneal Panel
<input type="checkbox"/> Amylase	<input type="checkbox"/> Digoxin level	<input type="checkbox"/> Type and Screen	<input type="checkbox"/>
<input type="checkbox"/> PT/PTT	<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Type and Cross	<input type="checkbox"/>
<input type="checkbox"/> Basic Met Prof.	<input type="checkbox"/> Monoclonal	<input type="checkbox"/> Type and Cross	<input type="checkbox"/>
<input type="checkbox"/> Hepatic Prof.	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Chlamydia	<input type="checkbox"/>
<input type="checkbox"/> Complete profile	<input type="checkbox"/> ETOH	<input type="checkbox"/> CBC	<input type="checkbox"/>

☐ EKG: Provisional Reading: ☐ Repeat

☐ ABG ☐ on O₂ ☐ on Room Air

☐ Preventil ☐ Repeat ☐ Repeat

☐ Proventil ☐ Alveart ☐ Repeat ☐ Repeat

☐ Vagocéphrine ☐ Repeat ☐ Repeat

☐ Other ☐ Repeat ☐ Repeat

☐ Peak Flows ☐

☐ Chest: ☒ Portable Chest ☐ CT

☐ Port Lat C Spine ☐ Enhanced

☐ C Spine ☐ Unenhanced

☐ L5 Spine ☐

☐ ABD Series ☐

EXAM TIME: 9:40

Contusion / Abrasion / Laceration

Right knee

1.5 x 0.5 cm

DISPOSITION: ☐ Admitted ☐ Physician ☐ Room No. ☐ Notified/Time:

Condition On Discharge: ☒ Satisfactory ☐ Fair ☐ Poor

☒ Sent Home ☐ Return to work ☐ Deceased ☐ Transferred

Time: 2:55

WITH: ☐ self ☒ family ☐ other

NOTIFIED: ☐ Relative ☐ Police ☐ Coroner ☐ Police Center

For follow-up care please see: ☒ Personal physician ☐ Occupational medicine ☐ ER if worse or not improving

FOLLOW INSTRUCTIONS ON: ☐ HEAD INJURY ☐ CULTURE ☐ STREP SCREEN ☐ LAB TEST ☐ X-RAY/SCANS ☐ SPRAINS, STRAINS AND CONTUSIONS ☐ NOBLEBLEDS ☐ U.I.I.

OTHER INSTRUCTION: Keep for sent and keep laboratory clean

☐ No Work or School ☐ No Physical Education ☐ Light Work Only

Date: 8-10-01

☐ Until Released by Physician

ACTIVITY RESPONSIBLE PARTY: [Signature]

LAW OFFICE

THOMAS J. SIBERT, ESQ.

300 WEST HIGHLAND AVENUE
EBENSBURG, PENNSYLVANIA 15931

TELEPHONE (814) 471-7500
FACSIMILE (814) 471-9755

Arb 129-03

December 2, 2003

Court Administrator's Office
Clearfield County Courthouse
230 East Market Street, Suite 124
Clearfield, PA 16830

Re: Simanic v. Daisher
No: 02-449-CD

Ladies/Gentlemen:

Please find enclosed one original **Pre-Trial Statement**, on behalf of the Plaintiff in the above captioned matter. By copy of this letter I am providing copies to opposing counsel and Arbitration Panel.

Your cooperation in this matter is most appreciated.

Very truly yours,



Thomas J. Sibert, Esquire

TJS/dw
Enclosure

pc: John C. Dennison, II, Esq.
Laurance B. Seaman, Esq.
Gary A. Knaresboro, Esq.
Christopher E. Mohny, Esq.

RECEIVED

DEC 03 2003

COURT ADMINISTRATORS
OFFICE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

No.: 2002 - 449 - CD

PRE-TRIAL STATEMENT

Filed on behalf of: PAUL SIMANIC, Plaintiff

Counsel of record for this party:

THOMAS J. SIBERT, ESQUIRE
PA ID# 34948

Thomas J. Sibert
Attorney at Law
300 West Highland Avenue
Ebensburg, Pennsylvania 15931
814-471-7500

RECEIVED

DEC 03 2003

COURT ADMINISTRATOR'S
OFFICE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

No.: 2002 - 449 - CD

PRE-TRIAL STATEMENT

FACTS

On or about April 2, 2000, the Plaintiff, Paul Simanic, was traveling in a northerly direction along SR Route 3009, Bell Township, Clearfield County, PA, when the Defendant, Melinda Daisher, who was traveling in a southerly direction along the same route, caused her vehicle to come over into the lane of the Plaintiff's vehicle and collide with the Plaintiff's car.

As a result of the accident Paul Simanic suffered the following injuries:

1. Trauma t the neck and back,
2. Thoracic sprain and thoracic strain of the lower back,
3. Trauma to the hip, and
4. Trauma to the middle back.

WITNESSES

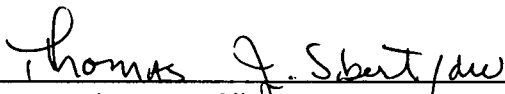
1. Paul Simanic, 2 Station St., Sykesville, PA 15865
2. Melinda Daisher, 20 Jones Street, Lot 4, Stoneboro,
3. The Plaintiff reserves the right to amend the Witness list at any time prior to trial.

EXHIBITS

1. Medical records from Dubois Regional Medical Center, DRMC Physical Therapy and John J. Bellomo, D.O. all associated with care and treatment rendered to Paul Simanic.
2. The Plaintiff reserves the right to amend the Document list at any time prior to trial.

Plaintiff reserves the right to supplement this pretrial prior to the time of trial.

Respectfully submitted,



Thomas J. Sibert, Esq.
Attorney for Plaintiff

CERTIFICATE OF SERVICE

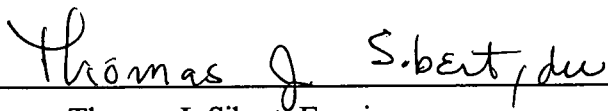
I hereby certify that a true and correct copy of the within **Plaintiff's Pre-Trial Statement** was served on all Counsel listed below, by First Class Mail and Fax, postage prepaid at Ebensburg, PA on this 2nd day of December, 2003:

John C. Dennison, II, Esquire
293 Main Street
Brookville, PA 15825

Laurance B. Seaman, Esquire
Gates & Seaman
P.O. Box 846
Clearfield, PA 16830

Gary A. Knaresboro, Esquire
Attorney at Law
33 Beaver Drive, Suite 2
Clearfield, PA 15801

Christopher E. Mohny, Esquire
Attorney at Law
90 Beaver Drive, Suite 201 A
Clearfield, PA 15801



Thomas J. Sibert, Esquire
Attorney for Plaintiff

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

Paul Simanic
vs.
Melinda Daisher

No. 2002-00449-CD

OATH OR AFFIRMATION OF ARBITRATORS

Now, this 9th day of December, 2003, we the undersigned, having been appointed arbitrators in the above case do hereby swear, or affirm, that we will hear the evidence and allegations of the parties and justly and equitably try all matters in variance submitted to us, determine the matters in controversy, make an award, and transmit the same to the Prothonotary within twenty (20) days of the date of hearing of the same.

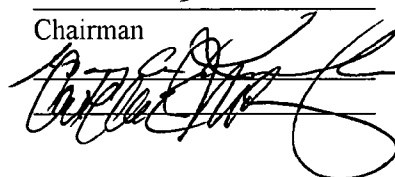
Laurance B. Seaman, Esquire



Chairman

Gary A. Knaresboro, Esquire

Christopher E. Mohny, Esquire



Sworn to and subscribed before me this

December 9, 2003



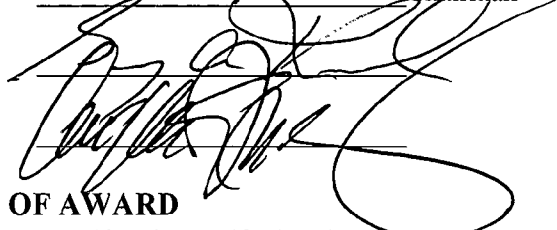
Prothonotary

AWARD OF ARBITRATORS

Now, this 9th day of December 2003, we the undersigned arbitrators appointed in this case, after being duly sworn, and having heard the evidence and allegations of the parties, do award and find as follows: in favor of the Plaintiff and against the Defendant in the amount of \$3,137.60.



Chairman



(Continue if needed on reverse.)

ENTRY OF AWARD

Now, this 9 day of December, 2003, I hereby certify that the above award was entered of record this date in the proper dockets and notice by mail of the return and entry of said award duly given to the parties or their attorneys.

WITNESS MY HAND AND THE SEAL OF THE COURT

FILED



Prothonotary

By _____

DEC 09 2003

William A. Shaw
Prothonotary

FILED

0 10:22 AM - Deposition
+ attorney's

DEC 09 2003

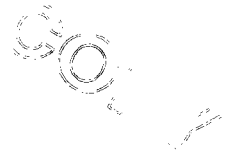
William A. Shaw
Prothonotary

Paul Simanic

Vs.

Melinda Daisher

: IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY
: No. 2002-00449-CD
:



NOTICE OF AWARD

TO: JOHN C. DENNISON II

You are herewith notified that the Arbitrators appointed in the above case have filed their award in this office on December 9, 2003 and have awarded:

In favor of the Plaintiff and against the Defendant in the amount of \$3,137.60.

William A. Shaw

Prothonotary

By _____

December 9, 2003

Date

In the event of an Appeal from Award of Arbitration within thirty (30) days of date of award.

Paul Simanic

Vs.

Melinda Daisher

: IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY
: No. 2002-00449-CD
:

COPY

NOTICE OF AWARD

TO: THOMAS J. SIBERT

You are herewith notified that the Arbitrators appointed in the above case have filed their award in this office on December 9, 2003 and have awarded:

In favor of the Plaintiff and against the Defendant in the amount of \$3,137.60.

William A. Shaw

Prothonotary

By _____

December 9, 2003

Date

In the event of an Appeal from Award of Arbitration within thirty (30) days of date of award.

Paul Simanic

Vs.

Melinda Daisher

: IN THE COURT OF COMMON PLEAS OF
: CLEARFIELD COUNTY
: No. 2002-00449-CD
:

GOVERNOR

NOTICE OF AWARD

TO: MELINDA DAISHER

You are herewith notified that the Arbitrators appointed in the above case have filed their award in this office on December 9, 2003 and have awarded:

In favor of the Plaintiff and against the Defendant in the amount of \$3,137.60.

William A. Shaw

Prothonotary

By _____

December 9, 2003

Date

In the event of an Appeal from Award of Arbitration within thirty (30) days of date of award.

~~20 Jones St. Let 4~~
~~Stoneboro PA~~

PO Box 1778
Sandy Lake 16145

Paul Simanic

Vs.

Melinda Daisher

: IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY
: No. 2002-00449-CD
:

COPIES

NOTICE OF AWARD

TO: PAUL SIMANIC

You are herewith notified that the Arbitrators appointed in the above case have filed their award in this office on December 9, 2003 and have awarded:

In favor of the Plaintiff and against the Defendant in the amount of \$3,137.60.

William A. Shaw

Prothonotary

By _____

December 9, 2003

Date

In the event of an Appeal from Award of Arbitration within thirty (30) days of date of award.

Law Office

THOMAS J. SIBERT, ESQ.

300 West Highland Avenue
Ebensburg, Pennsylvania 15931
Phone (814) 471-7500 • Fax (814) 471-9755

May 20, 2002

Extra
copy
med
rec

Attn: Medical Records Department
Dubois Regional Medical Center
Dubois, PA 15801

Re: Our Client: Paul Simanic
Social Security No.: 179-56-5071
Date of Accident: April 1, 2000

Ladies/Gentlemen:

This office represents the above named client who was treated at your facility as a result of injuries sustained in an accident which occurred or about April 1, 2000.

Would you please send me a copy of the specific hospital records which are indicated below:

☐ Emergency Room
☐ Narrative Medical Report
☒ Total, Itemized Bills

☒ **Complete Record** including:
Medical Record Chart
Consultative Reports
Operative Records
Laboratory Test Reports
X-ray Reports
Diagnostic Reports
Discharge Summary

If there is a charge for this service, please inform my office as soon as possible so payment can be made promptly. Also, a signed Authorization for release of information is enclosed.

Very truly yours,



Thomas J. Sibert, Esquire

TJS/dw
Enclosure

cc: Billing Department

cc: Billing Dept



EMERGENCY DEPARTMENT RECORD Page 1 of 7

Time: 8:45 ☐ Emergent ☐ Urgent ☒ Nonurgent

CONDITION ON ARRIVAL: ☐ Poor ☐ Fair ☒ Satisfactory ☐ DOA

CHIEF COMPLAINT: fell off piece machinery @ work today. Painful @ knee. Hurts walking.

VITAL SIGNS: Temp 97 Pulse 73 Resp 18 BP 138/75 Pain Scale 10 O₂ Sat 10 WT

ALLERGIES: nka

CURRENT MEDS: ☐ See attached list none

IMMUNIZATIONS: ☐ DNA ☐ UP TO DATE LAST TT/TD: known

VISUAL ACUITY: OD / OS / OU / ☐ CORRECTED ☐ UNCORRECTED

PT. PREGNANT? ☒ DNA ☐ YES ☐ NO ☐ UNSURE ☐ HYSTERECTOMY ☐ TUBAL LIGATION

TRIAGE TO: ☐ Registration ☐ Room Room Triage Nurse: Carlene L. B. Au

Primary Nurse: [Signature]

334154 24700912 09/04/01
SIMANIC, L L ER
179-56-6071 M 41Y 06/08/60
SHILALA, PATRICK F
BELLOMO, JOHN J

1,100 Bellomo

CHECK THE REQUESTED STUDIES

<input type="checkbox"/> CBC	<input type="checkbox"/> Cardiac enzymes	<input type="checkbox"/> UA	<input type="checkbox"/> C&S
<input type="checkbox"/> Lytes	<input type="checkbox"/> CKMB	<input type="checkbox"/> UC	<input type="checkbox"/> Wet Mount
<input type="checkbox"/> BUN	<input type="checkbox"/> CPK, Trip	<input type="checkbox"/> RSS	<input type="checkbox"/> ASV
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Troponin I	<input type="checkbox"/> Throat C&S	<input type="checkbox"/> Triage Drug Screen
<input type="checkbox"/> Blood Sugar	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Blood C&S	<input type="checkbox"/> Coma Panel
<input type="checkbox"/> Amylase	<input type="checkbox"/> Digoxin level	<input type="checkbox"/> Type and Screen	<input type="checkbox"/>
<input type="checkbox"/> PT/PTT	<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Type and Cross	<input type="checkbox"/>
<input type="checkbox"/> Basic Met Prof.	<input type="checkbox"/> Monospot	<input type="checkbox"/> Type and Cross	<input type="checkbox"/>
<input type="checkbox"/> Hepatic Prof.	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Chlamydia	<input type="checkbox"/>
<input type="checkbox"/> Compre profile	<input type="checkbox"/> ETOH	<input type="checkbox"/> GC	<input type="checkbox"/>

☐ EKG: Provisional Reading: ☐ Repeat
☐ ABG ☐ on O₂ ☐ on Room Air
☐ Proventil ☐ Repeat ☐ Repeat
☐ Proventil ☐ Atrovent ☐ Repeat ☐ Repeat
☐ Vaponephrine ☐ Repeat ☐ Repeat
☐ Other ☐ Repeat ☐ Repeat
☐ Peak Flows ☐

☐ Chest: 2 knee ☐ CT ☐
☐ Portable Chest ☐ Enhanced
☐ Port Lat C Spine ☐ Unenhanced
☐ C Spine ☐
☐ LS Spine ☐
☐ ABD Series ☐

PHYSICIAN REPORT

EXAM TIME: 9:40 grad
Contusion / laceration @ knee
1st Aid / Bandage / Ice / Pain relief
dropped /

DISPOSITION OF PATIENT AND PATIENT INSTRUCTIONS

☐ Admitted Room No: ☐ Physician Notified/Time: ☐ Condition On Discharge: ☒ Satisfactory ☐ Fair ☐ Poor
☐ Sent Home ☐ Return to work ☐ Deceased ☐ Transferred
WITH: ☐ self ☒ family ☐ other
NOTIFIED: ☐ Relative ☐ Police ☐ Coroner ☐ Poison Center

For follow-up care please see: ☒ Personal physician ☐ Occupational medicine ☐ ER if worse or not improving

FOLLOW INSTRUCTIONS ON: ☐ HEAD INJURY ☐ CULTURE ☐ STREP SCREEN ☐ LAB TEST ☐ X-RAY/EKG'S ☐ SPRAINS, STRAINS AND CONTUSIONS ☐ NOSEBLEEDS ☐ U.R.I.
☐ WOUND CARE AND BURN CARE ☐ GASTROENTERITIS AND/OR ABDOMINAL PAIN ☐ ALLERGY INJ. ☐ URINARY INFECTIONS ☐ CARE OF CHILD AND FEVER
☐ ANIMAL BITES ☐ CASTS ☐ EYE CARE ☐ TETANUS INJECTION ☐ MEDICATION ALERT ☐ MEDICATION USE

OTHER INSTRUCTION: Keep for sent also @ Prop Abrasive clean
a day @ off work until 9-10-01
if not better on 9-10-01 or soon

☐ No Work or School ☐ No Physical Education ☐ Light Work Only
Date: ☐ Until Released by Physician

PATIENT/RESPONSIBLE PARTY: [Signature] NURSE'S SIGNATURE: [Signature] PHYSICIAN'S SIGNATURE: [Signature]

I hereby acknowledge receipt of these instructions, have read them and understand them. I further understand that I

**DuBois Regional Medical Center**

P.O. Box 447 DuBois, PA 15801-0447

(814) 375-4200

FEDERAL I.D. NO. 25-1490707

**DETAIL
STATEMENT**

TYPE OF BILL	DATE OF BILL	PAGE NO.
D1-ER	09/11/01	1

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
PAUL L SIMANIC	01247-00912	M	41Y	09/04/01	09/04/01	
INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER		PAYMENT AMOUNT		
330001 WORKMANS COMPENSATION	999999	CLM#02643372				
330003 WORKMANS COMP PC	999999	CLM#02643372				
100003 BC KEYSTONE	PHZ363	PHZ179565071				
105000 BLUE SHIELD PROF MANA	PHZ363	PHZ179565071				

GUARANTOR NAME AND ADDRESS	PAUL L SIMANIC	<input type="checkbox"/>		CARD NO. _____
	2 STATION ST APT A	<input type="checkbox"/>		EXPIRATION DATE _____
	SYKESVILLE PA 15865	<input type="checkbox"/>		SIGNATURE _____
		PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE		

DATE	ITEM NO.	DESCRIPTION	CLM CODE	ORDER NO	QTY	UNIT PRICE	TOTAL CHARGES
09/04/01	61315	BACIT/NEO/POLY PKT TOTAL pharmacy-self administered	253	2	2	1.00	2.00 2.00
09/04/01	44040	KNEE, COMPLETE TOTAL RADIOLOGY	320	1	1	154.00	154.00 154.00
09/04/01	16211	EMERGENCY DEPARTMENT VISIT L2 TOTAL EMERGENCY ROOM	450		1	120.00	120.00 120.00
09/04/01	60421	TETANUS/DIPHTHERIA TOXOID ADULT TOTAL Drugs w/ detail coding	636	1	1	24.40	24.40 24.40
09/04/01	16803	IMMUNIZATION ADMIN SINGLE TOTAL diagnostic service	920		1	10.00	10.00 10.00
09/04/01	1611	PC EMERGENCY DEPARTMENT VISIT L2 TOTAL Professional fee-general	980		1	70.00	70.00 70.00
		TOTAL CHARGES					380.40
0/04/01	11120	31 WORKMANS COMP OUTPATIENT					-70.00
0/04/01	11120	31 WORKMANS COMP OUTPATIENT					-310.40
		TOTAL PAYMENTS/ADJUSTMENTS					-380.40

PATIENT NUMBER 01247-00912	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	PAYMENT TO DUBOIS REGIONAL MEDICAL CENTER ONLY	TOTAL AMOUNT DUE	0.00
-------------------------------	---------------------------------------------------------------------------	------------------------------------------------	---------------------	------

PAYMENTS may be taken to the East or West registration
areas or to the Business Office located at 207 Hospital Avenue.

PAUL L SIMANIC

00093-00599 M 41Y 04/02/00 04/02/00

350019	NATIONWIDE AUTO	999999	5437B628926-040200
350120	NATIONWIDE AUTO PC	999999	5437B628926-040200
100003	BC KEYSTONE	PHZ363	PHZ179565071

PAUL L SIMANIC
RR 4 BOX 529
DUBOIS PA

15801

04/02/00	27001	URINALYSIS ROUTINE	307	2	1	21.00	21.00
		TOTAL LABORATORY					21.00
04/02/00	43005	XR-THORACIC 3 VIEWS	320	1	1	130.00	130.00
04/02/00	43009	LUMBOSACRAL, COMP	320	1	1	171.00	171.00
		TOTAL RADIOLOGY					301.00
04/02/00	16212	EMERGENCY DEPARTMENT VISIT L3	450		1	150.00	150.00
		TOTAL EMERGENCY ROOM					150.00
04/02/00	1612	PC EMERGENCY DEPARTMENT VISIT L3	450		1	125.00	125.00
		TOTAL pro fee misc code(not use ub92					125.00

TOTAL CHARGES

597.00

09/14/00	I1130	216 COMMERCIAL INS OUTPATIENT					-278.25
09/14/00	A1245	216 AUTO OUTPATIENT					-193.75
09/15/00	A1420	834 WORKMANS COMP- OUTPATIENT					-57.44
09/15/00	A1420	834 WORKMANS COMP- OUTPATIENT					-261.31
09/15/00	A1420	834 WORKMANS COMP- OUTPATIENT					193.75

TOTAL PAYMENTS/ADJUSTMENTS

-597.00

0.00

PAUL L SIMANIC

00098-00047 M 40Y 04/07/00 05/12/00

350019 NATIONWIDE AUTO	999999	5437B628926-040200
350120 NATIONWIDE AUTO PC	999999	5437B628926-040200
100003 BC KEYSTONE	PHZ363	PHZ179565071

PAUL L SIMANIC
RR 4 BOX 529
DUBOIS PA

15801

04/10/00	70021	EVALUATION EXTENDED	424	1	1	160.00	160.00
04/12/00	70205	ELECTRICAL STIMULATION SUPERV	420	3	1	53.00	53.00
04/12/00	70530	THERAPEUTIC EXERC STRENGTH/15 MI	420	2	1	42.00	42.00
04/13/00	70214	MASSAGE W/EFFLEURAGE/15 MIN	420	4	1	52.00	52.00
04/13/00	70530	THERAPEUTIC EXERC STRENGTH/15 MI	420	5	1	42.00	42.00
04/17/00	70214	MASSAGE W/EFFLEURAGE/15 MIN	420	7	1	52.00	52.00
04/17/00	70217	ULTRASOUND/15 MIN	420	6	1	42.00	42.00
04/17/00	70530	THERAPEUTIC EXERC STRENGTH/15 MI	420	8	1	42.00	42.00
04/19/00	70214	MASSAGE W/EFFLEURAGE/15 MIN	420	10	1	52.00	52.00
04/19/00	70217	ULTRASOUND/15 MIN	420	9	1	42.00	42.00
04/19/00	70530	THERAPEUTIC EXERC STRENGTH/15 MI	420	11	1	42.00	42.00
04/21/00	70530	THERAPEUTIC EXERC STRENGTH/15 MI	420	12	2	42.00	84.00
04/24/00	70530	THERAPEUTIC EXERC STRENGTH/15 MI	420	13	2	42.00	84.00
04/26/00	70530	THERAPEUTIC EXERC STRENGTH/15 MI	420	14	2	42.00	84.00
05/01/00	70530	THERAPEUTIC EXERC STRENGTH/15 MI	420	15	2	42.00	84.00
05/03/00	70530	THERAPEUTIC EXERC STRENGTH/15 MI	420	16	2	42.00	84.00
TOTAL PHYSICAL THERAPY							1,041.00

TOTAL CHARGES

1,041.00

06/13/00	I1130	7 COMMERCIAL INS OUTPATIENT	-375.73
07/11/00	I1130	12 COMMERCIAL INS OUTPATIENT	-88.76
06/14/00	A1420	246 WORKMANS COMP- OUTPATIENT	-497.27
07/11/00	A1225	12 OTHER OUTPATIENT	-89.24
07/25/00	A1420	955 WORKMANS COMP- OUTPATIENT	-79.24
07/25/00	A1420	955 WORKMANS COMP- OUTPATIENT	89.24

TOTAL PAYMENTS/ADJUSTMENTS

-1,041.00

00098-00047

0.00

NOTE: This report is strictly Confidential and is for the information only of the person to whom it is addressed. No responsibility can be accepted if it is made available to any other person. INCLUDING THE PATIENT

NOTE: This report is strictly Confidential and is for the information only of the person to whom it is addressed. No responsibility can be accepted if it is made available to any other person. INCLUDING THE PATIENT



DRMC Physical Therapy Dept
100 Hospital Ave. - Ground Floor
Telephone: 375-3372
Fax (814) 375-3025

DRMC
Physical Therapy
Prescription Form

Name: Paul Simanic Date: 4-10-00

Diagnosis: _____

Duration: _____

Comments: _____ Frequency of treatment: _____

- | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Evaluate and treat | <input type="checkbox"/> Kincom/strength testing |
| <input type="checkbox"/> Prosthetics; orthotics | <input type="checkbox"/> Functional Capacity Exam |
| <input type="checkbox"/> Aquatic exercises | <input type="checkbox"/> Cervical traction |
| <input type="checkbox"/> Whirlpool | <input type="checkbox"/> Lumbar traction |
| <input type="checkbox"/> Moist heat | <input type="checkbox"/> Work Hardening |
| <input type="checkbox"/> Phonophoresis | <input type="checkbox"/> Home exercise program |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Strengthening program |
| <input type="checkbox"/> Electric stimulation | <input type="checkbox"/> Lifting tasks |
| <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> TNS |
| <input type="checkbox"/> Cryotherapy | <input type="checkbox"/> Gait training |
| <input type="checkbox"/> Massage/Myofascial release | <input type="checkbox"/> Supplies (cane, walker, etc.) |
| <input type="checkbox"/> Joint mobilization/ROM | <input type="checkbox"/> Braces (L/S support, immobilizer, slings, knee braces, etc.) |
| <input type="checkbox"/> Wound care | |
| <input type="checkbox"/> Superfeet inserts | |
| <input type="checkbox"/> Active Assistive ROM | |
| <input type="checkbox"/> Passive ROM | |

Additional instructions: _____

Physician Signature: _____

KK-D-148

DuBois Regional Medical Center
OUTPATIENT PHYSICAL THERAPY DEPARTMENT
P.O. BOX 447
DUBOIS PA 15801
(814) 375-3372

FAX (814) 375-3049

PHYSICIAN: Dr. Bellomo DATE: 4-24-00

PATIENT: Paul Simanik REFERRAL DATE: 4-10-00

DIAGNOSIS: Lumbosacral Pain 2° MVA

TREATMENT PROTOCOL: US, STM, Flexibility, strength.

FREQUENCY AND TOTAL VISITS TO DATE: 7

COMMENTS: Pain level ↓d to 3/10. Lumbar flexion
and lateral bend ↑d. Forward from 17 1/2" to 6 1/2"
Some hip capsular tightness but ER improved greatly
Tightness (B) hamstrings & slightly in low paraspinals
Still with some weakness in (L) hip extension 4/5
(L) Hip flexion / SLR 4/5, (L) Paraspinals 4/5.

PLAN: With patients heavy work level I would recommend
another 1 1/2 - 2 weeks of Strengthening & flexibility to
to risk of immediate re-aggravation. Thank you
THERAPIST Jorge M. Fatch PT

PLEASE CHECK THE APPROPRIATE ORDERS:

☒ Continue with Recommended Treatment

☐ Discharge and/or Discontinue Treatment

Additional orders: _____

Physician's Signature [Signature] Date 4/24/01



DuBois Regional
Medical Center

P.O. Box 447
100 Hospital Avenue
DuBois, Pennsylvania 15801-0447
Outpatient Therapy: (814) 375-3372

Making the difference for life.

PHYSICAL THERAPY INITIAL EVALUATION

Patient:	Paul L. Simanic	Date:	04/10/2000
Diagnosis:	Lumbosacral Pain		
Physician:	John J. Bellomo, DO		
Primary Ins:	Nationwide Auto	ID#5437B628926-040	
2 nd Ins:	Select Blue	ID#PHZ179565071	

SUBJECTIVE:

How Injury/Episode Occurred: Patient reports that on 04/02/00 he was involved in a MVA. Patient reports that an oncoming car crossed the center line hitting him on the driver's side near the rear wheel-well. He reports that this impact turned his truck in several directions and jerked him around quite a bit. He reports the pain started soon after the accident and he went to the ER. X-rays were taken and these were negative. He reports at the current time he feels his pain in the upper lumbar area, more left-sided. He reports he has a constant aching-type pain. He also reports he gets a sharp pain or spasm with increased activity. He reports the activities that increase his pain are bending and turning. Heat will decrease his pain. He also reports that he is limited in sitting for periods of less than 30 minutes.

PMH/Medications: PMH is negative. Medications include a pain medication and a muscle relaxant.

Work Title/Description: Patient works for Hallstrom Construction as a laborer.

Employment Status at Admission: He is not working currently due to his injury.

OBJECTIVE:

FUNCTIONAL STATUS AT ADMISSION: Patient has limited activities and limited sitting tolerance. He is not able to work at the current time.

FUNCTIONAL STATUS BEFORE INJURY/EPISODE: Full pain-free activity level.

PAIN: Patient reports his pain is 5/10 at rest, progressing to a 10/10 with spasm or progressed with activity.

AROM/PROM: AROM forward lumbar bend fingertip to floor 17 ½ in., lateral bending fingertip to floor to the right 24 in., to the left 21 ½ in. AROM hip flexion on the (L) 85° on the (R) 90°. Supine hip external rotation PROM on the (L) 30°, on the (R) 65°.

STRENGTH: Seated hip flexion on the (L) 4/5, SLR on the (L) 4 - 4+/5. Knee flexion on the (L) 4/5. Hip extension on the (L) 3+/5, on the (R) 4+/5.

SPECIAL TESTS: Patient had an increase in pain with SLR on the (L) at 30°, on the (R) at 45°, also passively flexing the hips beyond 85-90°. Patient had a decrease in pain with manual lumbar traction. There was no change in pain symptoms with single leg pulls or posterior pelvic tilts.

MUSCULOSKELETAL/POSTURE: Patient with a (R) elevated iliac crest and a (L) posterior pelvic obliquity.

OBSERVATION: Not remarkable.

SENSATION/DTR'S: Sensation WNL to light touch in the LE's.

Continued...

Page 2

Patient: Paul L. Simanic

P.T. Initial Evaluation (Continued)

TONE/PALPATION: Patient with tightness in the paraspinals at the thoracolumbar junction. He also does have some tenderness to palpate in the mid-line of this region.

TREATMENT: Patient was instructed in and performed posterior pelvic tilts at this time. He was also treated with ES and MH to the thoracolumbar region.

GOALS:

1. Decrease patient's pain to 3/10 with activities.
2. Increase strength in the LE by ½ MMT grade throughout to allow patient for return to work and full functional activity levels.
3. Increase lumbar bending and (L) lateral bend by at least 50% to improve work and functional activities.
4. Increase hip rotation and SLR by at least 20° on the (L) to allow patient improved gait and activity tolerance.
5. Independent with H.E.P.

FUNCTIONAL OUTCOMES: Patient to return to work and previous activity level.

PATIENT/FAMILY PARTICIPATION IN PLAN: Yes.

UNDERSTANDING OF EXERCISE PROGRAM: Yes, patient with comprehension of exercise.

PATIENT EXPECTATIONS: Good for decrease in pain and improvement in activity.

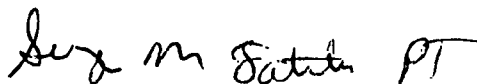
ASSESSMENT:

Patient presents with decreased lumbar ROM, decreased LE ROM, decreased LE strength, musculoskeletal mal-alignment and tightness/tenderness throughout the thoracolumbar junction area.

PLAN:

Patient will be seen 2-3 times per week for up to 4 weeks to progress through a ROM and strength program. Modalities such as ES, US or soft tissue mobilization will be used as needed to decrease pain and help increase activity. He will progress to an independent H.E.P. as soon as possible.

Thank you for this referral. If you have any questions please feel free to contact me.


George M. Fatula, P.T.

GMF/mmi

②
4/12/00

- 5: Pt reports that he had ~ 10 hrs of relief from last treatment before pain returned.
- 1: Pt seen for manual traction, hip Adductor stretch and hip ER stretch. Instructed in and performed hip Adductor and glute sets.
- 2: intra C MHT & IFES Quad pole 80-150 Hz to thoracic Jct over ③ to ② para, Spasm & inflammation.
- 4: tolerated well
- 3: Progress Flexibility & hip strength. Large muscle PT

4/13/00

- 5: Pt reports that he had a constant "annoying" pain at yesterday at the ② T-L Jct
- 1: Pt seen for STM to ② Low thoracic / upper lumbar paraspines x 10 min. Pt started to manual stretch of ② hip ER, IR, Adductors, manual lumbar traction and MFR ② Pull in IF & IR on ②. ARM flexions fingertip to floor 12" from ② hip ER 47°
- 3: Better hip ER. Tight IR ②
- 4: return treatment. Add stretches for hip
- 5: Large muscle PT

4/17/00 2:20 - 8:54 am

- SIMANIC, Paul

: Pt reports that STM and DIC E-Stm seemed to work well. States that he had some to soreness Friday from 1d activity.

: Pt seen for US X 8 mmw 2.0 W/cm² to ① low thrust upper lumbar pnsigns to ↑ mobility & ↓ Pain. STM done to same area to ↓ restriction X 10 min. manual stretching of ① hip IR & ER and MFR by well on ①. Pt was instructed in and performed Piriformis and glute stretch.

: ① hip tighter than ②
: entire treatment. ↑ ① hip strength

Surge on Satish PT

③

4/19/00 8:00-8:40 am

: Pt reports pain level now 3/10 rest 5/10 activity
: ① hip flexion 4/5 ① hip extension 3+5. Pt seen ~ US X 8 mmw 2.0 W/cm² to ① thoracolumbar pnsigns to ↑ ROM. 10 minutes of STM to same area to restriction. Manual stretching of ① hip IR & ER minutes. PROM ER ① Supine 70°. Instructed in and performed bilateral hip ext over the pnsign then ex on gym sheet.

: Better hip ER. needs further stretch, Pain ↓
: entire strength & ROM activities.

Surge on Satish PT

Daily Progress Note

Patient Name Simone P

1/21/00

- 1: Pain level slightly less. Hip Ext good
- 1: ARom flexion fingertip to floor 6 1/2". Lateral bend fingertip to floor (R) 23" (L) 21". Pt seen for manual hamstring stretching & hip IR stretch on (L) then was instructed in and performed well hamstring stretch and quadriceps opposite arm/leg lift. 10 minutes. Physiotherapist seated knee ext and prone opposite arm/leg lifts 5 min. Performed ther-ex program on gym sheet 15 min.
- 1: Better lumbal motion.
- 1: Better strength/stability 1 week
- 1: Doing m Fatigue PT

- 1/24/00 9:57 - 10:30 am
- 1: Pt reports slight stretch = hamstring wall stretch
 - 1: Instructed in intensity of stretch. Strength of
 - 1: hip flexion/SLR 4/5, (L) paraspinal 4/5, (L) hip extension 1/5. All others were WNL. Pt seen for physiotherapist seated knee ext, posture correct, stabilization/strength
 - 1: and prone opp arm/leg lifts. Manual stretch of hamstrings. Performed ther-ex on gym sheet.
 - 1: Doing well. Still some (L) hip & low back issues
 - 1: Recommend further strength/flexibility before return to work
 - 1: m Fatigue PT

8) 4/26/00

SIMANIK, Paul

∴ Pt reports that Dr. agreed that he was not ready to return to work & needed further sessions

∴ Pt performed scapular retractor 10#, seated knee ext and opp arm/leg lifts on phys ball. Pt performed ther-ex program

per gym sheet & additons circled.

∴ did well & increased activity

continue strengthening program & week Surgeon M. Fatch PT

9) 5/1/00 7:00 - 7:35 am

∴ Pt reports that he is making good progress

∴ Pt sees for manual stretch of ③ hamstrings 2 min
Forward bend - fingertip to floor 2". Pt performed

hyperball: seated knee ext, prone opposite arm/leg lifts,
one retractor 5# and abdominal curls 12 min.

performed ther-ex program per gym sheet & notes

∴ Increased activity. Better ladder runs.

continue this week

Surgeon M. Fatch PT

Daily Progress Note

Patient Name Simon P

(10) 5/3/00 7:00-7:30 am.

∴ Pt reports basically no pain. Confident with exercises and no specific difficulties w any activities.

∴ Pt perfomed prone opposite arm/leg lifts, prone scapular retractions 5x, seated knee ext and abdominal curls on wobble x 10 minutes. Patient seen for hamstring stretch

3) 3 m.w. Strength SLR/hip flexn (L) 4+ to 5/5, hip extension (L) 4+ to 5/5 Paraspinals 4+ to 5/5 (L), ∴ Forward reach fingertip to floor 2 1/2", Pt perfomed the - ex regimen per gym sheet 13 mnts.

∴ All goals met. Doing well

∴ Dic to (I) HEP

Sign m Butala PT



DuBois Regional
Medical Center

PHYSICAL THERAPY DISCHARGE SUMMARY

Patient Name: Paul Simanic Referral Date: 4-10-00

Physician: Dr. Bellomo Discharge Date: 5-3-00

Diagnosis: Lumbosacral pain 2° MUA

Number of Visits: 10

Treatment Program:

Flexibility, strengthening.

Functional Status at Admission: (ADL'S, Hobbies, Work Level)

Limited sitting and activity tolerance due to pain that progresses to 10/10

Goals/Functional Outcome at Discharge: (ADL'S, Hobbies, Work Level)

PT with NO Pain

Strength Rd to at least 4+/5 throughout

Lumbar & LE Rom Rd

☒ HEP

Goals/Functional Outcomes not Achieved at Discharge and Why?

None

Education and Home Exercise Program:

Patient with a back and LE strength and flexibility program

lifting and postural education

Employment Status at Discharge:

Patient to return to work

Comments:

Plan:

Dis to (I) home program

Jane M. Fatale PT
Therapist Name

5-4-00
Date

DuBois Regional Medical Center - Emergency Department
100 Hospital Ave.
DuBois, PA 15801
(814)371-2200

Patient: Paul Simanic, 334154

Date: 04/02/2000 Time: 22:08

Discharge Instructions

Learning Needs Identified: Illness, Medication, Follow-up Care

Primary Language: English

Barriers Identified: None

Intervention for Barriers to Learning: None

Teaching Methods Used: Printed patient instruction, Verbal Instruction

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You were treated today by GEORGE JR PALMER, MD.

THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE

Call as soon as possible to make an appointment in 2 days to see JOHN JBELLOMO, DO. You can reach JOHN J BELLOMO at (814)371-3730, 12-14 WEST LONG AVE, DUBOIS, PA, 15801. If you have any problems before this appointment, call the office.

THIS INFORMATION IS ABOUT YOUR DIAGNOSIS

MUSCLE STRAIN.

Muscles are made up of thousands of tiny fibers. When you strain a muscle, a few of these fibers break. Your muscle will feel better when these damaged fibers heal. It may take up to 6 weeks to fully heal the injured muscle.

Follow these instructions:

- moist heat four times a day.
- Keep the injured part above the level of your heart, if you can, during the first few days. This will reduce the pain and swelling.
- Rest more than usual for the next few days.
- After a few days, gently stretch the muscles. That will help the muscles start working normally again. Do not use the muscle so much that it hurts.
- Avoid full-strength use of the muscle until you are pain free.

Call your doctor if:

- you are not feeling much better in 1 week.
- you have any new or severe symptoms.

THIS INFORMATION IS ABOUT YOUR MEDICINE

NAPROXEN (Naprosyn, Anaprox, Aleve).

Take this medicine with food in the following dose: 500 mg by mouth 2 times a day if needed for pain.

This medicine is a pain reliever. It may be used to relieve symptoms such as inflammation (redness and swelling), stiffness, joint pain, and other kinds of pain. Side effects may include: an upset stomach, heartburn or drowsiness. Allergy would show up as: rash or itching, wheezing or shortness of breath.

Follow these instructions:

- Take this medicine with food to avoid an upset stomach.
- Do not take aspirin, ibuprofen, or ketoprofen while taking this medicine. (Check the labels on over-the-counter medicines.)
- Store this medicine away from heat, moisture or direct light.
- If you miss a dose, take it as soon as possible. If it is within 4 hours of your next dose (or within 8 hours if you are taking it once or twice a day), skip the missed dose. Do not double the doses.

Call your doctor if you have:

- any sign of allergy.
- any new or severe symptoms.

CYCLOBENZAPRINE (Flexeril).

Take this medicine in the following dose: 10 mg by mouth every 12 hours for muscle pain.

This medicine is a muscle relaxer. It will relieve pain from sore muscles. Side effects may include: sleepiness, dizziness, blurred vision or dry mouth. Allergy would show up as: rash or itching, wheezing or shortness of breath or low blood pressure.

Do the following:

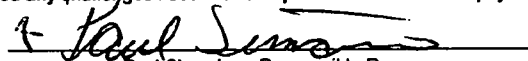
- Take this medicine with food or milk to avoid an upset stomach.
- Sit or stand slowly to avoid dizziness.
- Use gum, hard candy, or ice chips for a dry mouth.
- Talk to your doctor before taking other medicines (including over-the-counter medicines).
- Store this medicine away from heat, moisture or direct light.
- If you miss a dose, take it as soon as possible. If it is within 2 hours of your next dose, skip the missed dose. Do not double the doses.
- Do not drink alcohol, drive or operate machinery while taking this medicine.

Call your doctor if you have:

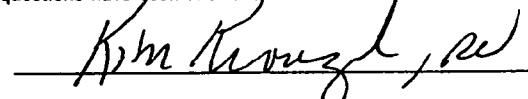
- any sign of allergy.
- increased pain or muscle spasms.
- any new or severe symptoms.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."


Paul Simanic or Responsible Person

Paul Simanic or Responsible Person has received this information and tells me that all questions have been answered.



DuBois Regional Medical Center Staff Signature Date: 04/02/2000 Time: 22:08

You may receive a survey in about a week from DuBois Regional Medical Center regarding this Emergency Department visit. Please complete the survey, as we are interested in hearing your feedback! Thank You!

no: 894 ☐ Emergent ☒ Urgent ☐ Nonurgent

CONDITION ON ARRIVAL: ☐ Poor ☐ Fair ☒ Satisfactory ☐ DOA

CHIEF COMPLAINT: Injured in MVA ~ 7pm
trunk - struck on rear driver's side
by car, & restrained driver
4 med. throw pack, ELOC.

TAL GNS Temp 98.8 Pulse 74 Resp 16 BP 140/78 O₂ Sat 94.2% WT 170

ALLERGIES: Baranes.

IRRENT MEDS: ☐ See attached list 9 med.

IMUNIZATIONS: ☒ DNA ☐ UP TO DATE LAST TT/TD: _____

SUAL ACUITY OD OS OU ☐ CORRECTED ☐ UNCORRECTED

PREGNANT? ☒ DNA ☐ YES ☐ NO ☐ UNSURE ☐ HYSTERECTOMY ☐ TUBAL LIGATION

IMAGE TO ☒ Registration ☐ Room ☐ Triage Nurse: 121
Primary Nurse: 121

PHYSICIAN REPORT

XAM TIME: 2:22

3341 0009300599 04/02/00
SIMA, PAUL L
179-56-5071 M 39Y 06/06/60
PALMER, GEORGE JR
BELLOMO, JOHN J

CHECK THE REQUESTED STUDIES

☐ CBC ☐ Cardiac enzymes ☒ UA ☐ C&S
☐ Lytes ☐ CKMB ☐ UC ☐ Wet Mount
☐ BUN ☐ CPK, Trip, Myo ☐ RSS ☐ RSV
☐ Creatinine ☐ Troponin I ☐ Throat C&S ☐ Triage Drug Screen
☐ Blood Sugar ☐ Digoxin level ☐ Blood C&S ☐ Coma Panel
☐ Amylase ☐ Cholesterol ☐ Type and Screen ☐
☐ PT/PTT ☐ Monospot ☐ Type and Cross ☐
☐ Basic Met Prof. ☐ Pregnancy ☐ Type and Cross ☐
☐ Hepatic Prof. ☐ ETOH ☐ Chlamydia ☐
☐ Compre profile ☐ Magnesium ☐ GC ☐

☐ EKG: Provisional Reading: ☐ Repeat
☐ ABG ☐ on O₂ ☐ on Room Air
☐ Proventil ☐ Repeat ☐ Repeat
☐ Proventil ☐ Atrivent ☐ Repeat ☐ Repeat
☐ Vaponephrine ☐ Repeat ☐ Repeat
☐ Other ☐ Repeat ☐ Repeat
☐ Peak Flows
☐ Chest ☐ Portable Chest ☐ Port Lat C Spine
☐ C Spine ☐ L5 S1 Spine
☐ ABD Series
☐ CT ☐ Enhanced ☐ Unenhanced

DISPOSITION OF PATIENT AND PATIENT INSTRUCTIONS

Condition On Discharge: ☒ Satisfactory ☐ Fair ☐ Poor Time 2:25 WITH: ☐ self ☐ family ☐ other

Admitted Room No: ☐ Physician Notified/Time: ☐ Sent Home ☐ Return to work ☐ Deceased ☐ Transferred

NOTIFIED: ☐ Relative ☐ Police ☐ Coroner ☐ Poison Center

or follow-up care please see: ☐ Personal physician ☐ Occupational medicine ☐ ER if worse or not improving

OLLOW INSTRUCTIONS ON ☐ HEAD INJURY ☐ CULTURE ☐ STREP SCREEN ☐ LAB TEST ☐ X-RAY/EKG'S ☐ SPRAINS, STRAINS AND CONTUSIONS ☐ NOSEBLEEDS ☐ U.R.I.
☐ WOUND CARE AND BURN CARE ☐ GASTROENTERITIS AND/OR ABDOMINAL PAIN ☐ ALLERGY INJ. ☐ URINARY INFECTIONS ☐ CARE OF CHILD AND FEVER
☐ ANIMAL BITES ☐ CASTS ☐ EYE CARE ☐ TETANUS INJECTION ☐ MEDICATION ALERT ☐ MEDICATION USE

OTHER INSTRUCTION: Rx Flexal 15mg BID x 14; R Naproxyn 500mg BID x 14; moist heat QID;

!No Work or School Date: not, no lifting or bending; follow c. DR. Bellomo
!No Physical Education ☐ Until Released by Physician 4/3/00 or 4/4/00.
!Light Work Only

ethod of Validating Knowledge: ☐ Verbalization ☐ Return Demo ☐ Other:

STIENT/
ESPONSIBLE PARTY

NURSE'S
SIGNATURE

PHYSICIAN'S
SIGNATURE

hereby acknowledge receipt of these instructions, have read them and understand them. I further understand that I have had emergency treatment and that I may be released before all of my medical conditions/test results are known or treated. I will arrange for follow-up care. DuBois Regional Medical Center-DuBois, PA 15801



DuBois Regional Medical Center EMERGENCY PHYSICIAN

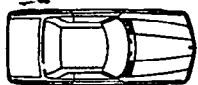
17

RECORD

MVA (5)

TIME SEEN: 2/22 ROOM: 4 EMS Arrival
HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

HPI <u>chief complaint</u> <u>MVA</u> <u>Injury to:</u> <u>Thoracic lumbar</u>															
<u>occurred:</u> <u>just PTA</u>	<u>position in vehicle:</u> <u>driver</u> <u>passenger</u> <u>front</u> <u>back</u>														
<u>context:</u> <u>car collision</u> <u>overturned vehicle</u> <u>single-car accident</u> (<u>lost control</u> / <u>fell asleep</u> / <u>unknown cause</u>)															
<u>location of pain/injuries:</u> head face mouth neck chest abdomen <u>back</u> <u>upper</u> <u>mid</u> <u>lower</u> <u>radiating to (R/L) thigh / leg</u>	<table border="0"> <tr> <td><u>-right-</u></td> <td><u>-left-</u></td> </tr> <tr> <td>shldr hip</td> <td>shldr hip</td> </tr> <tr> <td>arm thigh</td> <td>arm thigh</td> </tr> <tr> <td>elbow knee</td> <td>elbow knee</td> </tr> <tr> <td>f-arm leg</td> <td>f-arm leg</td> </tr> <tr> <td>wrist ankle</td> <td>wrist ankle</td> </tr> <tr> <td>hand foot</td> <td>hand foot</td> </tr> </table>	<u>-right-</u>	<u>-left-</u>	shldr hip	shldr hip	arm thigh	arm thigh	elbow knee	elbow knee	f-arm leg	f-arm leg	wrist ankle	wrist ankle	hand foot	hand foot
<u>-right-</u>	<u>-left-</u>														
shldr hip	shldr hip														
arm thigh	arm thigh														
elbow knee	elbow knee														
f-arm leg	f-arm leg														
wrist ankle	wrist ankle														
hand foot	hand foot														
<u>severity of pain:</u> mild <u>moderate</u> severe	<u>associated symptoms:</u> <u>lost consciousness / dazed</u> <u>duration:</u> <u>remembers:</u> <u>impact coming to hospital</u> <u>seizure</u>														
<u>site of impact:</u> "P" = primary "S" = secondary  <u>force</u> <u>low</u> <u>mod.</u> <u>high</u> <u>direct</u> <u>glancing</u>	<u>restraints:</u> <u>none</u> <u>lap / shoulder</u> <u>doesn't recall</u> <u>car seat</u> <u>air bag deployed</u> <u>thrown from vehicle</u> <u>ambulated at scene</u> <u>long extrication</u>														

ROS ☐ all systems neg except as marked
loss feeling / power arms/legs

headache
double vision / hearing loss

trouble breathing / chest pain
nausea / vomiting
loss of bladder function
skin laceration
recent fever / illness

SOCIAL HISTORY recent ETOH smoker drug abuse

PAST HISTORY negative

Meds- none / see nurses note
Allergies- NKDA / see nurses note

334154 0009300599 04/02/00

SIMPSON, PAUL L
179-0071 M 39Y 06/06/60
PALMER, GEORGE JR
BELLOMO, JOHN J

☒ Nurses note reviewed ☐ Tetanus immun. UTD ☒ Vital signs reviewed

PHYSICAL EXAM Alert Lethargic Anxious
Distress NAD mild moderate severe
Other c-collar (PTA / in ED) back-board IV splint

HEAD

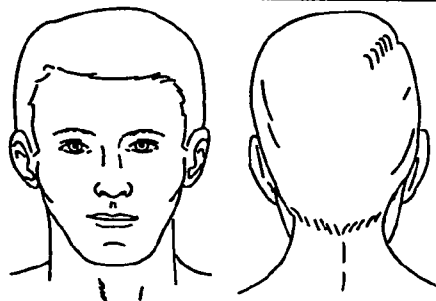
no evidence
of trauma

see diagram
Battle's sign / Raccoon Eyes

NECK

non-tender
painless ROM
trachea midline

see diagram
vertebral point-tenderness
muscle spasm / decreased ROM
pain on movement of neck



EYES

PERRL
EOMI

unequal pupils R- mm L- mm
EOM entrapment / palsy
subconjunctival hemorrhage
pale conjunctivae

ENT

nml external
inspection
no dental injury

hemotympanum
TM obscured by wax
clotted nasal blood
dental injury / malocclusion

RESP & CVS

chest non-tender
breath sounds nml
heart sounds nml

see diagram (on reverse)
decreased breath sounds
wheezing / rales
splinting / paradoxical movements
tachycardia

ABDOMEN

non-tender
no organomegaly

see diagram (on reverse)
rebound tenderness
mass / organomegaly
guarding

GENITAL / RECTAL

nml genital exam
nml vaginal exam
nml rectal exam
heme neg. stool

perineal hematoma
blood at urethral meatus
decreased rectal tone

NEURO / PSYCH

oriented x3
mood & affect
CN's nml
as tested
sensation & motor nml

confusion / disorientation
EOM palsy / anisocoria
facial asymmetry
unsteady / ataxic gait
sensory / motor deficit



SIMANTIC, PAUL L
179-56-5071 M 39Y 06/06/60
PALMER, GEORGE JR
BELLOMO, JOHN J



SKIN

intact
warm, dry

BACK

no CVA
tenderness
no vertebral
tenderness

EXTREMITIES

traumatic
pelvis stable
hips non-tender
no pedal edema
nml ROM

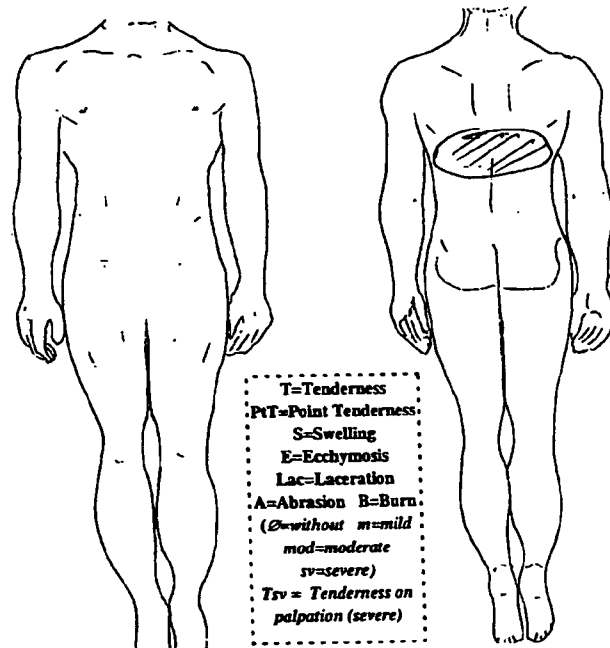
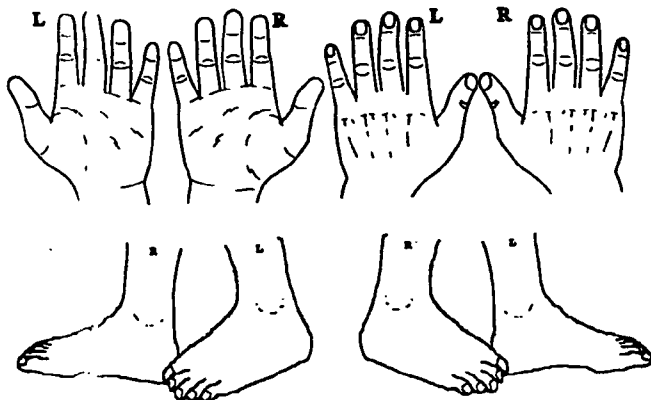
see diagram
crepitus / diaphoresis

see diagram
vertebral point-tenderness
CVA tenderness
muscle spasm / limited ROM

see diagram
bony point-tenderness
painful / unable to bear weight
pulse deficit

Joint Exam:

limited ROM / ligaments laxity / joint effusion



T=Tenderness
PtT=Point Tenderness
S=Swelling
E=Ecchymosis
Lac=Laceration
A=Abrasion B=Burn
(Ø=without m=mild
mod=moderate
sv=severe)
Tsv = Tenderness on
palpation (severe)

PROGRESS:

XRAYs

☒ Intep. by me ☒ viewed by me ☐ Discd w/radiologist

C-Spine D-Spine LS-Spine

nml / NAD reversa: straightening of cerv. lordosis
no fracture DJD / spondylosis / spurring
nml alignment
soft tissues nml

CXR

rib fracture
nml NAD infiltrate / atelectasis
no infiltrates
nml heart size
nml mediastinum

OTHER

☐ See separate report

LA ARBC

Wound Description/Repair

length cm location

superficial SQ muscle linear stellate irregular
clean contaminated moderately / heavily

distal NVT: neuro & vascular status intact no tendon injury

anesthesia: local digital block cc

lick 1% 2% epi / bicarb marcaine 25% 5% LET

prep:

sterile saline irrigation debrided / undermined
irrigated/washed w/ saline extensively
foreign material removed
explored minimal moderate extensive

repair: Wound closed with: dermabond / steri-strips

SKIN- # -0 nylon / prolene / staples

*SUBCU- # -0 vicryl / chromic

*may indicate intermediate repair *may indicate intermediate or complex repair

Discussed with Dr.

will see patient in: office / ED / hospital

Counseled patient / family regarding:

lab results diagnosis need for follow-up

Rx given Admit orders written

CRIT CARE- 30-74 min

75-104 min min

Prior records ordered

Additional history from:

family caretaker paramedics

CLINICAL IMPRESSION:

MVA

contusion

head	wrist	R / L
face	hand	R / L
chest	hip	R / L
abdomen	thigh	R / L
back	knee	R / L
shoulder	leg	R / L
arm	ankle	R / L
elbow	foot	R / L
forearm		

sprain / strain

neck dorsal lumbar

concussion

with LOC w/o LOC

laceration

DISPOSITION-
CONDITION-

☒ home ☐ admitted ☐ transferred

☒ unchanged ☐ improved ☒ stable

Paul A. McKelvey

MD/DO

TIME:

4:10 PM

334154 0009300599 04/02/00
SIMANIC, PAUL L
179-56-5071 M 39Y 06/06/60
PALMER, GEORGE JR
BELLOMO, JOHN J
I HAVE BEEN WITH THIS PATIENT SINCE THEY WERE BORN

Mode of Arrival	Arrived with	Self Care
<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> W.C.	<input type="checkbox"/> Self <input type="checkbox"/> Police	<input checked="" type="checkbox"/> Independent
<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Carried	<input type="checkbox"/> Parent <input type="checkbox"/> Friend	<input type="checkbox"/> Total Assist
<input checked="" type="checkbox"/> Gait <input checked="" type="checkbox"/> Steady	<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Delegate	<input type="checkbox"/> Partial Assist
<input type="checkbox"/> Unsteady	<input type="checkbox"/> Family	<input type="checkbox"/> Child

Safety Measures	Environmental
<input checked="" type="checkbox"/> Siderails up <input type="checkbox"/> Family at bedside	Lives with: <input type="checkbox"/> Self <input type="checkbox"/> Spouse
<input checked="" type="checkbox"/> Call Bell <input type="checkbox"/> Security present	<input checked="" type="checkbox"/> Family <input type="checkbox"/> Other
	Language barrier <input type="checkbox"/>
	Translator

Psychosocial		
Overall appearance: <input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Frail	<input type="checkbox"/> Obese
Mood/affect: <input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Anxious	<input type="checkbox"/> Crying
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Blunted/flat	<input type="checkbox"/> Lethargic
<input type="checkbox"/> Age appropriate	<input type="checkbox"/> Combative	<input type="checkbox"/> Confused
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Uncooperative	

Trauma/Accidents
<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front <input checked="" type="checkbox"/> Back
<input checked="" type="checkbox"/> Seat Belt on <input type="checkbox"/> Air bag deployed
Type: <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
<input type="checkbox"/> Bicycle
Impact: <input type="checkbox"/> Front <input type="checkbox"/> Back
<input type="checkbox"/> Rollover <input type="checkbox"/> Side
<input type="checkbox"/> Helmet <input type="checkbox"/> Protective Clothing
Time of incident: _____
Extraction needed <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fall (____ feet) <input type="checkbox"/> GSW
<input type="checkbox"/> Assault <input type="checkbox"/> Other

Airway	
<input checked="" type="checkbox"/> Clear/Patent	
<input type="checkbox"/> Adjuncts	
Breathing	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Dyspneic <input type="checkbox"/> Grunting	
<input checked="" type="checkbox"/> Stridor <input type="checkbox"/> Nasal flaring <input type="checkbox"/> Retractions	
<input type="checkbox"/> Accessory muscles <input type="checkbox"/> Absent	
<input type="checkbox"/> Other	
Cough: <input type="checkbox"/> Non productive <input type="checkbox"/> Productive	
Breath Sounds:	
<input type="checkbox"/> Not assessed / DNA	
Right	Left
<input type="checkbox"/> Clear	<input type="checkbox"/>
<input type="checkbox"/> Rales/crackles	<input type="checkbox"/>
<input type="checkbox"/> Rhonchi/Coarse	<input type="checkbox"/>
<input type="checkbox"/> Wheeze	<input type="checkbox"/>
<input type="checkbox"/> Diminished	<input type="checkbox"/>
<input type="checkbox"/> Absent	<input type="checkbox"/>
<input type="checkbox"/> Tracheal Deviation	<input type="checkbox"/>
<input type="checkbox"/> JVD	<input type="checkbox"/>

Cardio Pulmonary
Chest pain <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: _____
Radiation: _____
Onset/Duration: _____
Pain Scale (0-10): _____
Character: _____
<input type="checkbox"/> Dyspnea
<input type="checkbox"/> Syncope
<input type="checkbox"/> Diaphoresis
Dinemap on: <input type="checkbox"/>

Prehospital Care / Treatment
<input checked="" type="checkbox"/> DNA
<input type="checkbox"/> LSB <input type="checkbox"/> CID <input type="checkbox"/> Stiff collar
<input type="checkbox"/> IV of _____ # _____ at _____ in _____
<input type="checkbox"/> IV of _____ # _____ at _____ in _____
<input type="checkbox"/> Accucheck
<input type="checkbox"/> Meds: _____
<input type="checkbox"/> Splints
O ₂ : <input type="checkbox"/> NC <input type="checkbox"/> Simple <input type="checkbox"/> Non-Rebreather
Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasopharyngeal
<input type="checkbox"/> ETT <input type="checkbox"/> EOA

Oxygen:
_____ LPM _____ Time
<input type="checkbox"/> NC <input type="checkbox"/> Simple face <input type="checkbox"/> Nonrebreather
<input type="checkbox"/> Tube <input type="checkbox"/> Humidified <input type="checkbox"/> Ventilator

CARDIAC MONITOR
Rhythm: _____
Pacemaker <input type="checkbox"/> Yes <input type="checkbox"/> No
Neurological
<input checked="" type="checkbox"/> DNA

PMH:
<input checked="" type="checkbox"/> NONE <input type="checkbox"/> Unable to obtain
<input type="checkbox"/> CHF
<input type="checkbox"/> MI
<input type="checkbox"/> Cardiac Cath
<input type="checkbox"/> Hypertension
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Asthma/COPD
<input type="checkbox"/> Seizures
<input type="checkbox"/> Cancer
<input type="checkbox"/> Stroke
<input type="checkbox"/> Dementia
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Ulcers
<input type="checkbox"/> GI Bleed
<input type="checkbox"/> Renal Disease
<input type="checkbox"/> _____
<input type="checkbox"/> _____

Circulation
Color: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pale
<input type="checkbox"/> Mottled <input type="checkbox"/> Cyanotic
<input type="checkbox"/> Ashen <input type="checkbox"/> Jaundice
<input type="checkbox"/> Sallow
Condition: <input checked="" type="checkbox"/> Warm <input checked="" type="checkbox"/> Dry
<input type="checkbox"/> Cool <input type="checkbox"/> Moist
<input type="checkbox"/> Hot <input type="checkbox"/> Cold

Patient Status
Loss of Consciousness <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Witnessed <input type="checkbox"/> Duration _____
<input type="checkbox"/> Unwitnessed <input type="checkbox"/> Incontinence
<input type="checkbox"/> Nausea <input type="checkbox"/> Headache
<input type="checkbox"/> Vomiting <input type="checkbox"/> Post ictal
<input type="checkbox"/> Visual disturbance
<input type="checkbox"/> Appropriate verbal responses
<input type="checkbox"/> Appropriate motor responses
<input type="checkbox"/> _____

Pulses:		
Right	Left	<input type="checkbox"/> DNA
Radial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Thready	<input type="checkbox"/>	<input type="checkbox"/>
Bounding	<input type="checkbox"/>	<input type="checkbox"/>
Absent	<input type="checkbox"/>	<input type="checkbox"/>
Pedal	<input type="checkbox"/>	<input type="checkbox"/>
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Thready	<input type="checkbox"/>	<input type="checkbox"/>
Bounding	<input type="checkbox"/>	<input type="checkbox"/>
Absent	<input type="checkbox"/>	<input type="checkbox"/>

Pupils
<input type="checkbox"/> Equal
<input type="checkbox"/> Unequal
<input type="checkbox"/> Reactive
<input type="checkbox"/> Non reactive
<input type="checkbox"/> Dilated & Fixed
<input type="checkbox"/> EOMI
<input type="checkbox"/> Other

Alcohol use: _____
Tobacco use: _____
Caffeine use: _____

Capillary refill: _____ seconds
Bleeding controlled <input type="checkbox"/> Yes <input type="checkbox"/> No

Extremity movement
Hand grasps
<input type="checkbox"/> Equal
<input type="checkbox"/> Unequal
<input type="checkbox"/> Strong
<input type="checkbox"/> Weak
Leg movement
<input checked="" type="checkbox"/> Equal
<input type="checkbox"/> Unequal
<input checked="" type="checkbox"/> Strong
<input type="checkbox"/> Weak

Signature: _____

Initials: _____

MISCELLANEOUS

☒ DNA

Musculoskeletal Injury/Wounds

☒ DNA

Mechanism of injury/Description:

Injured at: ☐ Work ☐ Home ☐ Other
☐ See body diagram

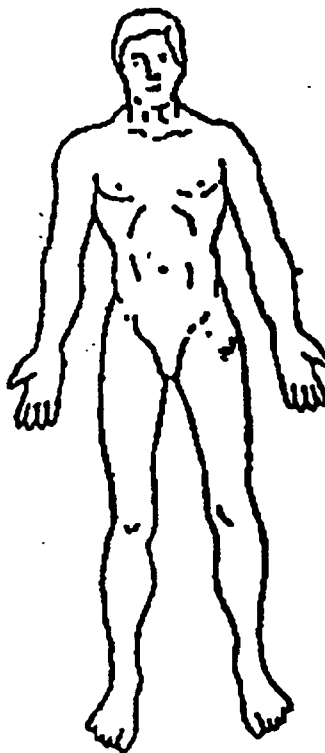
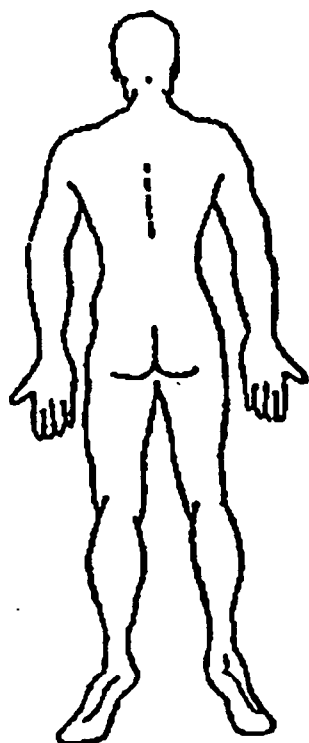
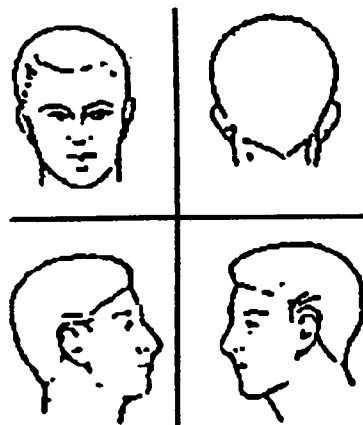
334154 0009300599 04/02/00
SIMANIC, PAUL L
179-56-5071 M 39Y 06/06/60
PALMER, GEORGE JR
BELLOMO, JOHN J

HEENT

☒ DNA

EYES	OD	OS	EARS	AD	AS	NOSE/THROAT
Red	<input type="checkbox"/>	<input type="checkbox"/>	Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Epistaxis
Tearing	<input type="checkbox"/>	<input type="checkbox"/>	Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rhinorrhea
Matted	<input type="checkbox"/>	<input type="checkbox"/>	Decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sore throat
Burning/pain	<input type="checkbox"/>	<input type="checkbox"/>	Hearing			<input type="checkbox"/> Dysphagia
Itching	<input type="checkbox"/>	<input type="checkbox"/>	Other:			Other:
Blurred vision	<input type="checkbox"/>	<input type="checkbox"/>				
Loss of vision	<input type="checkbox"/>	<input type="checkbox"/>				
Flashing light	<input type="checkbox"/>	<input type="checkbox"/>				
Floaters	<input type="checkbox"/>	<input type="checkbox"/>				
Foreign body	<input type="checkbox"/>	<input type="checkbox"/>				

DESCRIPTION:



- A - Abrasion
- AM - Amputation
- AV - Avulsion
- B - Burn -1", 2", 3"
- C - Contusion
- CR - Crush
- E - Ecchymosis
- P - Penetration
- H - Hematoma
- L - Laceration
- D - Deformity

GI/GU/GYN

☐ DNA

Abdomen:

- ☐ Soft ☐ Distended
- ☐ Guarding ☐ Rigid

Tenderness:

- ☐ none ☐ LUQ
- ☐ RUQ ☐ LLQ
- ☐ RLQ ☐ Epigastric

Bowel Sounds:

- ☐ Present
- ☐ Diminished
- ☐ Hyperactive
- ☐ None

Last BM

GI:

- ☐ Nausea ☐ Dry heaves
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Rectal Bleed

GU:

- ☒ voids without difficulty
- ☐ Flank pain R L
- ☐ Dysuria
- ☐ Urgency
- ☐ Hematuria
- ☐ Frequency
- ☐ Foley
- ☐ Other

GYN:

- Fetal tones
- ☐ Vaginal bleeding
- ☐ Vaginal discharge
- ☐ History of ectopic
- Para _____ Gravida _____ Ab _____

Description:

Signature:

DUBOIS REGIONAL MEDICAL CENTER
100 Hospital Ave, DuBois, PA 15801
Mon Apr 03, 2000 09:32 am
Outpatient Summary Report

Patient Name: SIMANIC, PAUL L
Unit #/Acct #: 000334154/D0009300599
Loc: ER 04/02/00
Phys-Service: PALMER, GEORGE JR - *EMERGENCY ROOM

Page: 1

In: 04/02/00 2148 ----- Spec: Urine Voided
Out: 04/02/00 2207 | URINALYSIS ROUTINE | Techs: VER T00702*
Coll Time: 04/02/00 2143 -----
Order Phys: PALMER, GEORGE JR [D0009300599/1147619].

*STAT*STAT*STAT*

Result Name Result

Color: YELLOW
Clarity: CLEAR
Glucose(mg/dl): NEGATIVE
Bili, Ua: NEGATIVE
Ketone, Ua(mg/dl): NEGATIVE
Specific Gravity: <=1.005
Blood, Occult: NEGATIVE
pH(pH Units): 5.5
Protein(mg/L): NEGATIVE
Urobilinogen(EU/dl): 0.2 E.U./dL
Nitrites: NEGATIVE
Leukocytes: NEGATIVE
WBCs(/HPF): 0
RBCs(/HPF): 0
Epithelial Cells(/LPF): 0
Order Comment: BED 4

End of Report : 04/03/00 09:32am

Jose Costa M.D./Gregory Suslow M.D.
Outpatient Summary Report

SIMANIC, PAUL L
000334154/D0009300599
ER 04/02/00
(M-06/06/60)
Dr. PALMER, GEORGE JR

JOIS REGIONAL MEDICAL CENT
100 Hospital Ave, DuBois, PA 15801

SIMANIC, PAUL L
RD 1 BOX 168
DUBOIS

*ER

Unit # 000334154

PA 15801-0000 Age 39Y

Acct # D0009300599

Date:04/02/00 Time:2139

MCKINLEY, ERIN A

BELLOMO, JOHN J
12-14 WEST LONG AVE
DUBOIS PA 15801

Chk-in #	Order	Exam	
394049	0001	43005	XR-THORACIC MIN 3
			Ord Diag: 959.8-INJURY MLT SITE/SITE NEC
394049	0001	43009	XR-LUMBOSACRAL COMP
			Ord Diag: 959.8-INJURY MLT SITE/SITE NEC

THORACIC SPINE:

Three views of the thoracic spine were obtained. There is minimal levoscoliotic curvature of the mid-lower thoracic spine. The thoracic vertebral bodies are of normal height. The disc spaces are normal. The pedicles are intact. The para-spinal soft tissues are normal.

There is no evidence of fracture.

LUMBAR SPINE:

Multiple views of the lumbar spine were obtained. The lumbar vertebral bodies are of normal height. The disc spaces are normal. The facet joints are normal. The pedicles are intact. The sacroiliac joints are normal.

IMPRESSION: NORMAL STUDY.

✓WS

NIA CODE: THORACIC SPINE - N/LUMBAR SPINE - N

/READ BY/ GEORGE M KOSCO,
/Released By/ GEORGE M KOSCO,

04/03/00 1709
JLB

Complete

Name <u>Paul Simanic</u>	Date of Birth <u>6-6-60</u>
--------------------------	-----------------------------

Date	
<u>4-6-00</u>	<u>wt 251</u> <u>Bp. 120/60</u>
<u>39yo.</u>	
	<u>Wright Hall for Computer</u>
	<u>L. J. J. J.</u>
	<u>20-15-11</u>

SIMANIC, PAUL 4/6/00 MOTOR VEHICLE ACCIDENT

S: Paul is a generally healthy, young man who was involved in a motor vehicle accident on Sunday. He was the belted driver of a pickup truck that was going north and he was struck in his driver's side front door side and then the opposing car slid along the back and swung his truck around taking the undercarriage out of his truck. He didn't feel immediate pain; however, shortly after his accident, he began to feel spasm and pain in his back and went to the emergency room for evaluation. His truck was fairly severely damaged and the other person's car was also badly damaged apparently. He was x-rayed and put on pain reliever and anti-inflammatory in the ER as well as a muscle relaxant. He continues to have pain in his left upper mid back.

O: Neurologically he is intact. He has normal deep tendon reflexes and strength and sensation in his lower extremities; however, when I palpate his back, he has muscle spasm and fairly marked tenderness in the area of T11 down to about L2 and the left paraspinal muscles are obviously hypertonic at present. He can bend forward to maybe 90 degrees with a fair amount of pain. If he tries to push it past that, it becomes very painful for him. He can rotate to the right perhaps to 45-50 degrees without much difficulty, but when he attempts to rotate to the left he winces and has to stop because of the pain at perhaps 30-35 degrees.

SIMANIC, PAUL (CONT.)

A: Significant muscular pain as a result of a motor vehicle accident, primarily in the paraspinal muscles. There is no evidence of neurologic compromise.

P: Because he is a young man and he does physical labor for work, I am going to send him to physical therapy quickly to try to get him on track so he doesn't develop chronic back pain. I think we will continue with his muscle relaxant as well as his pain reliever. I would like to see him not drive very much because it is difficult for him to turn. We will keep him out of work until he is significantly better as I am concerned about a re-injury. So we will see him back here _____ basis.

JOHN J. BELLOMO, D.O.

JJB/jms

Name	Paul Simanie	Date of Birth	6-6-60
------	--------------	---------------	--------

Date	4-13-00	BP	138/82
------	---------	----	--------

SIMANIC, PAUL 4/13/00 MOTOR VEHICLE ACCIDENT

S: Paul is here today for follow-up of his motor vehicle accident. He is taking the muscle relaxants and anti-inflammatory. He is doing fairly well. Physical therapy seems to have helped him a great deal, especially the electro _____ techniques. He is in to that now about a week or so and has another full week of sessions next week.

O: He is much less tender in his left lower thoracic paraspinals as he was previously. He can bend forward, but with some significant stiffness to about 90 degrees and he has pretty full right and left range of motion.

P: Given he is so tender and he is responding so well to therapy, we are going to keep him off until he is re-evaluated here on the 25th. I suspect that given that he is generally healthy, he should be able to improve quickly, but I don't want him to return to work too soon, otherwise he will risk re-injuring himself. So we will continue with the current therapy and I will meet him back here on the 25th at that point in time, we will decide on clearing him for work. I filled out his insurance claim forms here and we will fax that to Nationwide immediately.

JOHN J. BELLOMO, D.O.

JJB/jms

4-24-00	BP	108/60
39		

SIMANIC, PAUL 4/24/00 MOTOR VEHICLE ACCIDENT

S: Paul is here today for follow-up of his motor vehicle accident. He has had significant progress in physical therapy. He has had reduction in his pain down to a 3 out of 10. He has significantly less pain than he's had previously.

O: His flexibility is about unchanged, he can flex to about 90 degrees and has full right and left lateral rotation. On palpation, his spinous processes are non-tender. He is non-tender over his rhomboids or the thoracic muscles on either side. We reviewed his physical therapy report and the recommendation is at this point that he receive another week and half or two weeks of therapy to try to get him back to his baseline and to prevent re-injury. I think this is a reasonable thing to do given the fact that he works in construction and that he is likely to re-injure himself if he goes back to soon.

P: I will keep him off for two weeks here and it is my hope that at our visit again on the 8th, he will be able to return to work, regular duties with no further pain. If he gets worse in the meantime, he should let me know.

JOHN J. BELLOMO, D.O.

JJB/jms

JOHN J. BELLOMO, D.O.

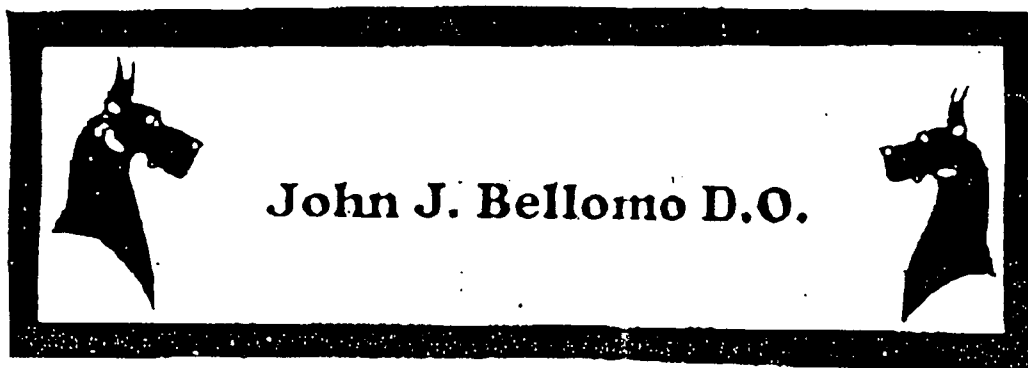
910 BEAVER DRIVE
DuBOIS, PA 15801-2539
PHONE: (814) 371-3730
FAX (814) 371-9335



Fax Transmittal Cover Sheet

Fax Number: 471-9755
To: Attention Darlene
From: Dr. Bellomo
Date: 6-6-02
Time: 10 AM
Pages Sent: _____
Messages: _____

Note This report is strictly confidential and is for information only of the person to whom it is addressed. If you have received this facsimile in error please call (814) 371-3730 and return the original to the transmitting address above via U.S. mail. This information is from records protected by state and federal law and further disclosure of this information without written consent is prohibited.



Name Paul Simanic Date of Birth 6-6-60

Date 4-13-00 6P 138/82

SIMANIC, PAUL

4/13/00

MOTOR VEHICLE ACCIDENT

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JOHN J. BELLOMO, D.O.

JJB/jms

4-24-00	BP 108/60
39	

SIMANIC, PAUL

4/24/00

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JOHN J. BELLOMO, D.O.

JJB/jms

DUBOIS REGIONAL MEDICAL CENTER
100 Hospital Ave, DuBois, PA 15801

SIMANIC, PAUL L
RD 1 BOX 168
DUBOIS

DIS - ER
PA 15801-0000 Age 39Y

Unit # 000334154
Acct # D0009300599

Date: 04/02/00 Time: 2139

MCKINLEY, ERIN A

BELLOMO, JOHN J
12-14 WEST LONG AVE
DUBOIS PA 15801

Chk-in #	Order	Exam	
394049	0001	43005	XR-THORACIC MIN 3 Ord Diag: 959.8-INJURY MLT SITE/SITE NEC
394049	0001	43009	XR-LUMBOSACRAL COMP Ord Diag: 959.8-INJURY MLT SITE/SITE NEC

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LUMBAR SPINE:

Multiple views of the lumbar spine were obtained. The lumbar vertebral bodies are of normal height. The disc spaces are normal. The facet joints are normal. The pedicles are intact. The sacroiliac joints are normal.

IMPRESSION: NORMAL STUDY.

NIA CODE: THORACIC SPINE - N/LUMBAR SPINE - N

/READ BY/ GEORGE M KOSCO,
/Released By/ GEORGE M KOSCO,

04/03/00 1708
JLB

Complete





DuBois Regional
Medical Center

P.O. Box 447
100 Hospital Avenue
DuBois, Pennsylvania 15801-0447
Outpatient Therapy: (814) 375-3372

Making the difference for life.

PHYSICAL THERAPY INITIAL EVALUATION

Patient:	Paul L. Simanic	Date:	04/10/2000
Diagnosis:	Lumbosacral Pain		
Physician:	John J. Bellomo, DCO		
Primary Ins:	Nationwide Auto	ID#5437B628926-040	
2 nd Ins:	Select Blue	ID#PHZ179565071	

SUBJECTIVE:

How Injury/Episode Occurred: Patient reports that on 04/02/00 he was involved in a MVA. Patient reports that an oncoming car crossed the center line hitting him on the driver's side near the rear wheel-well. He reports that this impact turned his truck in several directions and jerked him around quite a bit. He reports the pain started soon after the accident and he went to the ER. X-rays were taken and these were negative. He reports at the current time he feels his pain in the upper lumbar area, more left-sided. He reports he has a constant aching-type pain. He also reports he gets a sharp pain or spasm with increased activity. He reports the activities that increase his pain are bending and turning. Heat will decrease his pain. He also reports that he is limited in sitting for periods of less than 30 minutes.

PMH/Medications: PMH is negative. Medications include a pain medication and a muscle relaxant.

Work Title/Description: Patient works for Hallstrom Construction as a laborer.

Employment Status at Admission: He is not working currently due to his injury.

OBJECTIVE:

FUNCTIONAL STATUS AT ADMISSION: Patient has limited activities and limited sitting tolerance. He is not able to work at the current time.

FUNCTIONAL STATUS BEFORE INJURY/EPISODE: Full pain-free activity level.

PAIN: Patient reports his pain is 5/10 at rest, progressing to a 10/10 with spasm or progressed with activity.

AROM/PROM: AROM forward lumbar bend fingertip to floor 1 1/2 in., lateral bending fingertip to floor to the right 24 in., to the left 21 1/2 in. AROM hip flexion on the (L) 85° on the (R) 90°. Supine hip external rotation PROM on the (L) 30°, on the (R) 65°.

STRENGTH: Seated hip flexion on the (L) 4/5, SLR on the (L) - 4 1/5. Knee flexion on the (L) 4/5. Hip extension on the (L) 3+5, on the (R) 4 1/5.

SPECIAL TESTS: Patient had an increase in pain with SLR on the (L) at 30°, on the (R) at 45°, also passively flexing the hips beyond 85-90°. Patient had a decrease in pain with manual lumbar traction. There was no change in pain symptoms with single leg pulls or posterior pelvic tilts.

MUSCULOSKELETAL/POSTURE: Patient with a (R) elevated iliac crest and a (L) posterior pelvic obliquity.

OBSERVATION: Not remarkable.

SENSATION/DTRS: Sensation WNL to light touch in the LE's

Continued...

6

Page 2

Patient: Paul L. Simanic

P.T. Initial Evaluation (Continued)

TONE/PALPATION: Patient with tightness in the paraspinals at the thoracolumbar junction. He also does have some tenderness to palpate in the mid-line of this region.

TREATMENT: Patient was instructed in and performed posterior pelvic tilts at this time. He was also treated with ES and M14 to the thoracolumbar region.

GOALS:

1. Decrease patient's pain to 3/10 with activities.
2. Increase strength in the L1: by 1/2 MMT grade throughout to allow patient for return to work and full functional activity levels.
3. Increase lumbar bending and (L) lateral bend by at least 50% to improve work and functional activities.
4. Increase hip rotation and SLR by at least 20° on the (L) to allow patient improved gait and activity tolerance.
5. Independent with H.E.P.

FUNCTIONAL OUTCOMES: Patient to return to work and previous activity level.

PATIENT/FAMILY PARTICIPATION IN PLAN: Yes.

UNDERSTANDING OF EXERCISE PROGRAM: Yes, patient with comprehension of exercise.

PATIENT EXPECTATIONS: Good for decrease in pain and improvement in activity.

ASSESSMENT:

Patient presents with decreased lumbar ROM, decreased L1: ROM, decreased L1: strength, musculoskeletal mal-alignment and tightness/tenderness throughout the thoracolumbar junction area.

PLAN:

Patient will be seen 2-3 times per week for up to 4 weeks to progress through a ROM and strength program. Modalities such as ES, US or soft tissue mobilization will be used as needed to decrease pain and help increase activity. He will progress to an independent H.E.P. as soon as possible.

Thank you for this referral. If you have any questions please feel free to contact me.

George M. Fatula PT

George M. Fatula, P.T.

GMF/mm



DuBois Regional
Medical Center

FAXED

PHYSICAL THERAPY DISCHARGE SUMMARY

Patient Name: Paul Simanic Referral Date: 4-10-00
Physician: Dr. Bellemo Discharge Date: 5-3-00
Diagnosis: Lumbosacral pain 2° MVA
Number of Visits: 10
Treatment Program: Flexibility, strengthening

Functional Status at Admission: (ADL'S, Hobbies, Work Level)
Limited sitting and activity tolerance due to pain that progresses to 10/10

Goals/Functional Outcome at Discharge: (ADL'S, Hobbies, Work Level)
Pt with NO Pain
Strength Ad to at least 4+/5 throughout
Lumbar & Leg ROM Ad

☒ HEP
Goals/Functional Outcomes not Achieved at Discharge and Why?
None

Education and Home Exercise Program:
Patient with a back and leg strength and flexibility program
sitting and postural education

Employment Status at Discharge:
Patient to return to work

Comments:

Plan:
Dis to (I) home program

D

June M. Batale PT 5400
Therapist Name Date

DENNIS PARLAVECCHIO MD
12-14 WEST LONG AVE. DUBOIS, PA. 15801

DATE: 4-6-00

NAME OF PATIENT: Paul Simanic

AGE: 39

ALLERGIES: —

PLACE: (route, east, west, work address): SR. 6001: north

DATE & TIME OF ACCIDENT/INJURY 4-2-00 535 P.m

WEARING SEATBELT: ☒ YES NO N/A

LOCATION IN VEHICLE: DRIVER

DID YOU GO TO THE ER? ☒ YES NO

NAME & ADDRESS OF ER/HOSPITAL: DRMC west

X-RAYS OR TESTS PERFORMED: X-RAYS

PRESENT SYMPTOMS: (example: headache, back pain, etc.) BACK Pain

BRIEF DESCRIPTION OF ACCIDENT: Hit on Driver Side

AUTO INSURANCE OR WORKMANS COMPENSATION INFORMATION:

Claim# 54378628926 - 040200

CARLA BURGER

1-800-229-7272

EXT. 6949

Ntn Wide
Attn MBA-PA
PO Box 18269,
Columbus, Ohio,

432.8-2696

⑩ 5/3/00 7:00 - 7:30 am.

: Pt reports basically no pain. Confident with exercises
and ~~no specific difficulties w/ any activities.~~

: Pt performed prone opposite arm/leg lifts, prone scapular
retractors 5x, seated knee ext and abdominal curls on
wobble x 10 minutes. Patient seen for hamstring stretch
3 min. Strength SLR/hip flexion ④ 4+ to 5/5,
hip extension ④ 4+ to 5 Paraspinals 4+ to 5 ④, Forward
reach fingertip to floor 2 1/2", Pt performed the - ex
sagittum per gym sheet 13 mins.

ti: All goals met. Doing well

ti: Dic to ① HEP

Sign m Butala PT



DuBois Regional
Medical Center

PHYSICAL THERAPY DISCHARGE SUMMARY

Patient Name: Paul Simanic Referral Date: 4-10-00
Physician: Dr. Bellomo Discharge Date: 5-3-00
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Pt with NO Pain
Strength to at least 4+/5 throughout
lumbo & LE Rom to

Ⓢ HEP

Goals/Functional Outcomes not Achieved at Discharge and Why?

None

Education and Home Exercise Program:

Patient with a back and LE strength and flexibility
program
lifting and postural education

Employment Status at Discharge:

Patient to return to work

Comments:

Plan:

Dis to Ⓢ home program

Jane M. Batula PT
Therapist Name

5-4-00
Date

WILLIAM A. SHAW
PROTHONOTARY
and CLERK of COURTS
P.O. BOX 549
CLEARFIELD, PENNSYLVANIA 16830

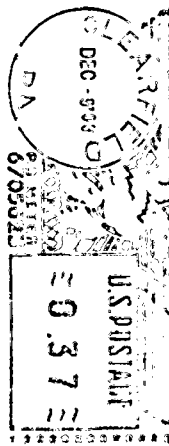
*Notice
of
Arbitration Award*

02-449-CD

Melinda Daisher
P.O. Box 778
Sandy Lake, PA 16145

DAISHER
FORWARD TIME EXP RTN TO SEND
DAISHER ST #4
STONEBORO PA 16153-2538
RETURN TO SENDER

16145+07778-506/0393



IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

No.: 2002 - 449 - CD

PRAECIPE FOR DISCONTINUANCE

Filed on behalf of: PAUL SIMANIC, Plaintiff

Counsel of record for this party:

THOMAS J. SIBERT, ESQUIRE
PA ID# 34948

Thomas J. Sibert
Attorney at Law
300 West Highland Avenue
Ebensburg, Pennsylvania 15931
814-471-7500

FILED

JAN 09 2004

m/12:15/

William A. Shaw
Prothonotary

no cert
copy of Disc to C/A.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

PAUL SIMANIC,

Plaintiff,

vs.

MELINDA DAISHER,

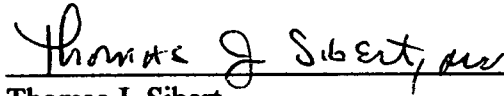
Defendant.

No.: 2002 - 449 - CD

PRAECIPE FOR DISCONTINUANCE

Please mark the above captioned matter ended, settled and forever discontinued.

Respectfully submitted,



Thomas J. Sibert
Attorney for Plaintiff

FILED

JAN 09 2004

William A. Shaw
Prothonotary

**IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA**

CIVIL DIVISION

Paul Simanic

Vs.

No. 2002-00449-CD

Melinda Daisher

CERTIFICATE OF DISCONTINUATION

Commonwealth of PA
County of Clearfield

I, William A. Shaw, Prothonotary of the Court of Common Pleas in and for the County and Commonwealth aforesaid do hereby certify that the above case was on January 9, 2004, marked:

Ended, Settled and Forever Discontinued

Record costs in the sum of \$201.49 have been paid in full by Attorney Sibert.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal of this Court at Clearfield, Clearfield County, Pennsylvania this 9th day of January A.D. 2004.

William A. Shaw, Prothonotary

**IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA**

CIVIL DIVISION

Paul Simanic

Vs.

No. 2002-00449-CD

Melinda Daisher

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William A. Shaw, Prothonotary



OFFICE OF COURT ADMINISTRATOR
FORTY-SIXTH JUDICIAL DISTRICT OF PENNSYLVANIA

CLEARFIELD COUNTY COURTHOUSE
SUITE 228 230 EAST MARKET STREET
CLEARFIELD, PENNSYLVANIA 16830

DAVID S. MEHOLICK
COURT ADMINISTRATOR

PHONE: (814) 765-2641
FAX: 1-814-765-7649

MARCY KELLEY
DEPUTY COURT ADMINISTRATOR

October 6, 2003

Thomas J. Sibert, Esquire
Attorney at Law
300 West Highland Avenue
Ebensburg, PA 15931

John C. Dennison, II, Esquire
Dennison, Dennison & Harper
293 Main Street
Brookville, PA 15825

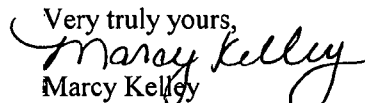
RE: PAUL SIMANIC
vs.
MELINDA DAISHER
No. 02-449-CD

Dear Counsel:

The above case is scheduled for Arbitration Hearing to be held **Tuesday, December 9, 2003 at 9:00 A.M.** The following have been appointed to the Board of Arbitrators:

Laurance B. Seaman, Esquire
Richard H. Milgrub, Esquire
Gary A. Knaresboro, Esquire
Christopher E. Mohnney, Esquire
Linda C. Lewis, Esquire

If you wish to strike an Arbitrator, you must notify the undersigned within seven (7) days from the date of this letter the name you wish stricken from the list.

Very truly yours,

Marcy Kelley
Deputy Court Administrator



OFFICE OF COURT ADMINISTRATOR
FORTY-SIXTH JUDICIAL DISTRICT OF PENNSYLVANIA

CLEARFIELD COUNTY COURTHOUSE
SUITE 228, 230 EAST MARKET STREET
CLEARFIELD, PENNSYLVANIA 16830

DAVID S. MEHOLICK
COURT ADMINISTRATOR

PHONE: (814) 765-2641
FAX: 1-814-765-7649

MARCY KELLEY
DEPUTY COURT ADMINISTRATOR

October 16, 2003

Thomas J. Sibert, Esquire
Attorney at Law
300 West Highland Avenue
Ebensburg, PA 15931

John C. Dennison, II, Esquire
Dennison, Dennison & Harper
293 Main Street
Brookville, PA 15825

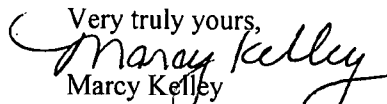
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Gary A. Knaresboro, Esquire
Christopher E. Mohney, Esquire

Pursuant to Local Rule 1306A, you must submit your Pre-Trial Statement seven (7) days prior to the scheduled Arbitration. **The original should be forwarded to the Court Administrator's Office and copies to opposing counsel and each member of the Board of Arbitrators.** For your convenience, a Pre-Trial (Arbitration) Memorandum Instruction Form is enclosed as well as a copy of said Local Rule of Court.

Very truly yours,

Marcy Kelley
Deputy Court Administrator

cc: Laurance B. Seaman, Esquire
Gary A. Knaresboro, Esquire
Christopher E. Mohney, Esquire