

JL-449-11  
PAUL SIMANIC -vs- MELINDA DAISHER

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/100/ath/Sibert  
cc: William A. Shaw PO \$80.00  
Prothonotary  
(1) Writ of 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, Jr.*

\_\_\_\_\_  
Thomas J. Sibert  
Attorney for Plaintiff

**COPY**

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

**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

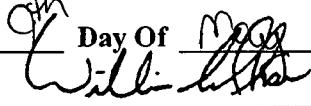
Cost	Description
61.49	SHFF. HAWKINS PAID BY: ATTY.
31.00	SHFF. ROMINE PAID BY; ATTY.
10.00	SURCHARGE PAID BY: ATTY.

**FILED**

01212  
MAY 09 2002  
E. Goss

William A. Shaw  
Prothonotary

Sworn to Before Me This

  
Day Of May 2002  
Will. A. Shaw

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

So Answers,

  
Chester A. Hawkins  
Sheriff

## SHERIFF'S RETURN - REGULAR

12294

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</u> <u>.00</u>

So Answers:

William H. Romine Jr.William H. Romine Jr., SheriffBy Mary Lou Rodgers

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**

16147 T  
47500  
OFFICE (814) 765-2641  
AFTER 4:00 P.M. (814) 765-1533  
CLEARFIELD COUNTY FAX  
(814) 765-5915

CHESTER A. HAWKINS  
SHERIFF

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

DARLENE SHULTZ  
CHIEF DEPUTY

MARGARET PUTT  
OFFICE MANAGER

MARILYN HAMM  
DEPT. CLERK

PETER F. SMITH  
SOLICITOR

**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

RECEIVED  
SHERIFF OF  
MERCER COUNTY  
APR 15 A 10:28

**DOCUMENT TO BE SERVED**  
SUMMONS & PRAECIPE

**MAKE REFUND PAYABLE TO:** THOMAS J. SIBERT, Attorney

**SERVE:** MELINDA DAISHER

Lot 4 - 20 Jones St.  
Stoneboro

*Moriley*

4/5 - 10:50  
4/16 - 3:00

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

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*  
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
	75.00	

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: Praeclipe 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 10 2002

m/q:441/cw/Rule  
William A. Shaw to Atty  
Prothonotary *Dennison*  
*E KPS*

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.

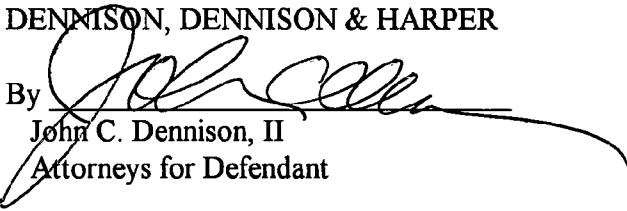
PRAECIPE FOR RULE TO FILE COMPLAINT

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.

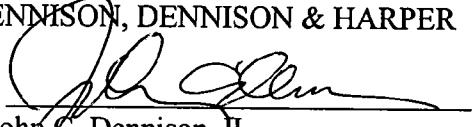
APPEARANCE

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

1052 84 NO  
MAY 23 2002 CC

William A. Shaw  
Prothonotary

ea

DENNISON, DENNISON & HARPER

ATTORNEYS AT LAW

293 MAIN STREET  
BROOKVILLE, PENNSYLVANIA 15825

CERTIFIED COPY

John J. McDonell

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  
171102110ce  
William A. Shaw  
Prothonotary *ESB*

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

PAUL SIMANIC,

No.: 02 - 449 - C.D.

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

**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,

No.: 02 - 449 - C.D.

Plaintiff,

vs.

MELINDA DAISHER,

Defendant,

**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.

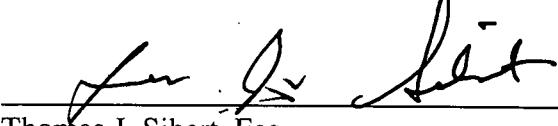
6. The Plaintiff further submits that as a direct and proximate result of the accident and subsequent injuries, he has had to incur medical cost in connection with care and treatment of his injuries. And because his injuries are permanent in nature, he will most likely have to incur medical expenses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

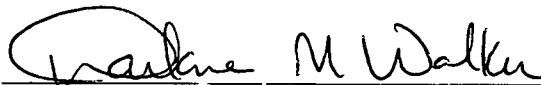


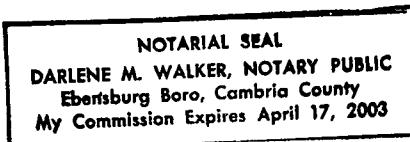
\_\_\_\_\_  
Thomas J. Sibert, Esq.  
Attorney for Plaintiff

COMMONWEALTH OF PENNSYLVANIA :  
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

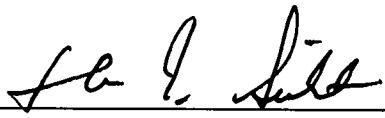
Sworn to and subscribed before me  
this 13<sup>th</sup> day of June, 2002.  
  
  
\_\_\_\_\_  
Notary Public



## 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 13<sup>th</sup> 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,

CIVIL ACTION - LAW

Plaintiff,

Number 02 - 449 C.D.

vs.

Type of Case: Civil Division

MELINDA DAISHER,

Type of Pleading: Certificate of Service

Defendant.

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,

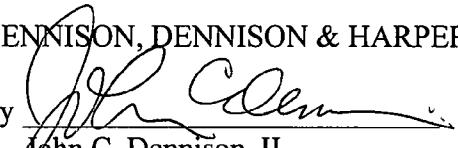
Defendant.

- \* 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 2<sup>nd</sup> 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

mo  
cc

mlia:45  
JUL 05 2002

500  
William A. Shaw  
Prothonotary

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

PAUL SIMANIC,

CIVIL ACTION - LAW

Plaintiff,

Number 02 - 449 C.D.

vs.

Type of Case: Civil Division

MELINDA DAISHER,

Type of Pleading: Answer and New Matter

Defendant.

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

MICHAEL

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.

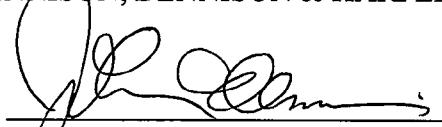
**NOTICE TO PLEAD**

**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,

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

Plaintiff,

\*  
\*

vs.

\* Civil Action - Law

MELINDA DAISHER,

\*  
\*

Defendant.

\* 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.

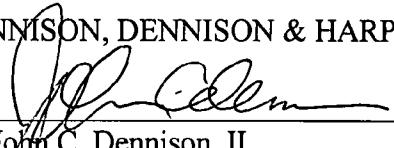
**WHEREFORE**, the Defendant, Melinda Daisher, demands judgment in her favor and against the Plaintiff. **JURY TRIAL DEMANDED.**

## 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

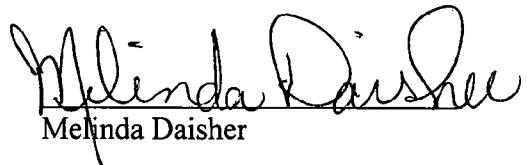
DENNISON, DENNISON & HARPER

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,

No.: 02 - 449 C.D.

Plaintiff,

vs.

MELINDA DAISHER

Defendant.

**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, Jr.*  
\_\_\_\_\_  
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, Esq.  
Thomas J. Sibert, Esquire  
Attorney for Plaintiff

FILED

110  
m 18:45 EST  
JAN 27 2003  
FBI  
FBI

William A. Shaw  
Prothonotary

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

CA

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,

No.: 02 - 449 C.D.

Plaintiff,

vs.

MELINDA DAISHER

Defendant.

**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, Jr.  
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 17<sup>th</sup> day of September, 2003:

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

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

FILED 10C  
SEP 1 14 2003  
Atty 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

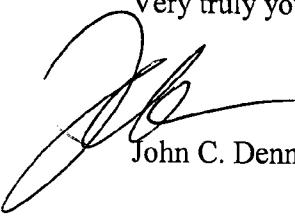
Marcy Kelley  
Deputy Court Administrator  
Clearfield County Court House  
Suite 228, 230 East Market Street  
Clearfield, PA 16830

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. Mohney, Esq.  
Thomas J. Sibert, Esq.

**RECEIVED**

**OCT 24 2003**

**COURT ADMINISTRATOR'S  
OFFICE**

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

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: Defendant's Pretrial  
Memorandum

Defendant.

Filed on behalf of: Defendant

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

Supreme Court Number: 29408

**RECEIVED**

**OCT 24 2003**

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

COURT ADMINISTRATOR'S  
OFFICE

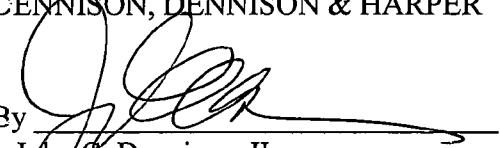
## WITNESSES

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 \_\_\_\_\_

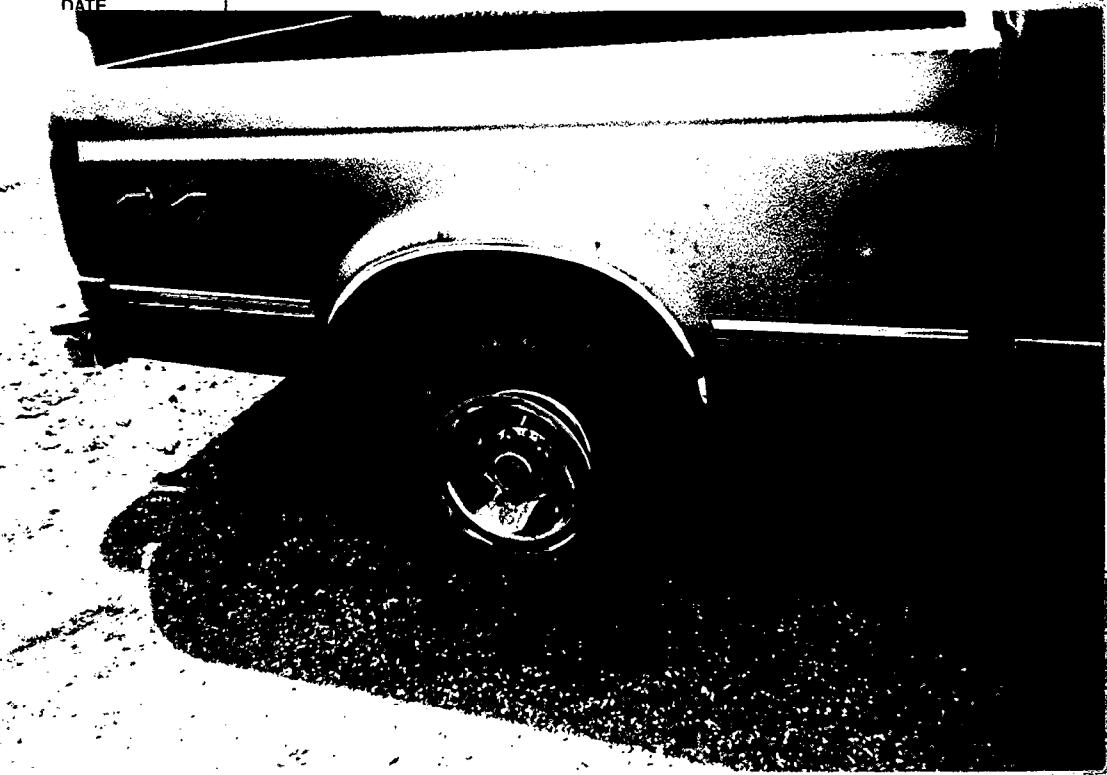
available?  Yes  No

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 \_\_\_\_\_

available? Yes      No     

IN Inds vehicle

PHOTO #        TAKEN       

Negative available?       

DESCRIPTION       



COMMENTS:       

SUBMITTED BY: \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIMANIC

Date of Birth

6-6-60

Date
4-6-00
4/6/00
39yo.

4/6/00 251 120/60

39yo.

4/6/00 251 120/60

1. Back

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 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

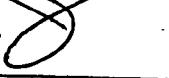

Name	Paul Simanic	Date of Birth	6-6-60
Date	4/13/00	BP	138/82

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 25<sup>th</sup>. 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 25<sup>th</sup> 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

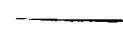
4-24-00	BP	108/60
39		

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 soon.

P: I will keep him off for two weeks here and it is my hope that at our visit again on the 8<sup>th</sup>, 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


Name Paul Simeone Date of Birth 6-6-00

SIMANIC, PAUL 5/8/00 MOTOR VEHICLE ACCIDENT

5/8/30

## 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 muscle 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

Name Paul Simanic

Date of Birth 6/6/00

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.

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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 25<sup>th</sup>. 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 25<sup>th</sup> 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

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P: I will keep him off for two weeks here and it is my hope that at our visit again on the 8<sup>th</sup> 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	4-6-00	sub 251	Bl. 120/60
	39yo.		1. Fall from Construction
			2. -
			3. Back pain

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


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): S.R. 6001: north

DATE & TIME OF ACCIDENT/INJURY 4-2-00 5:35 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

1-800-229-3272

EXT. 6949

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

432-8-2696.

FAXED

PHYSICAL THERAPY DISCHARGE SUMMARY

Patient Name: Paul Simanovic Referral Date: 4-10-00  
Physician: Dr. Bellino 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 fd to at least 4/5 throughout  
Ability to LE from fd

( HEP  
Goals/Functional Outcomes not Achieved at Discharge and Why?

None

Education and Home Exercise Program:

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

Employment Status at Discharge:

Patient to return to work

Comments:

Plan:

Dis to (I) home - program

See m Satish PT Therapist Name 5/4/00  
D Date

Page 2  
Patient: Paul L. Stinnette  
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 MI to the thoracolumbar region.

GOALS:

1. Decrease patient's pain to 3/10 with activities.
2. Increase strength in the L.I. by  $\frac{1}{2}$  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 S.I.R. by at least 20° on the (L) to allow patient improved gait and activity tolerance.
5. Independent with I.I.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 L.I. ROM, decreased L.I. 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.I.P. as soon as possible.

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

George M. Jatula, P.T.

GMJ/mm

*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#	34378628926-040
2 <sup>nd</sup> Ins:	Select Blue	ID#	PHI2179565071

### 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 his 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 Hellstrom 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, SI.R on the (L) - 4/5. 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 SI.R 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...

SIMANIC, PAUL L  
RD 1 BOX 168  
DUBOIS

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

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

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: 975-3372  
Fax (814) 975-3025

**DRMC**  
**Physical Therapy**  
**Prescription Form**

Name: Paul Simanic Date: 4-10-02  
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"/> Superficial Inserts	
<input type="checkbox"/> Active Assitive ROM	
<input type="checkbox"/> Passive ROM	

Additional instructions: \_\_\_\_\_

Physician Signature: John J. Reardon, M.D.

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 Simawic 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 gradually  
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 patient's 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 Juge, m. Fatch, PT

PLEASE CHECK THE APPROPRIATE ORDERS:

Continue with Recommended Treatment

Discharge and/or Discontinue Treatment

Additional orders: \_\_\_\_\_

Physician's Signature

Bellomo

Date

4/24/01



*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 <sup>nd</sup> 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 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 - 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...

**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  $\frac{1}{2}$  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 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, PT  
George M. Fatula, P.T.

GMF/mm

(2)

4/12/00

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

D: Pt seen for muscle trigger, hip Adductor Stretch and hip ER stretch. Instructed in and performed hip Adductor and glute sets. Treated C M H & IFFS Quad pain 80-150 IK <sup>to threshold</sup> Jct area (B) to 2 pain, Spasm + Inflamed.

A: tolerate well  
P: Progress <sup>PT</sup> flexibility & hip strength <sup>size mismatch</sup>

3/13/00

S: Pt reports that he had a constant "annoying" pain ~~rel~~ yesterday at the (L) T-L Jct

D: Pt seen for STM to (L) Low thoracic / upper Lumber paraspines x 10 min. Pt started <sup>to</sup> muscle stretching of (L) hip ER, IR, Adductors, upper lumb breas and MFR (L) pull in DF + IR on (L). AROM flexion fingers to floor 12' from (L) hip ER 47°

A: Better hip ER. Tight IR (L)

P: routine treatment. Add stretches for hip

<sup>size mismatch</sup> or

1400 - 5:30 am SUMMARY  
: Pt reports that STM and OIC E-STM seemed to work well. States that he had some low soreness Friday from 1d activity.

: Pt Seen for US x 8 mmw 2.0 w/cm<sup>2</sup> to ① low thoracic upper lumbar muscles to ↑ Mobility + Pain. STM done to same area to ↓ restriction x 10 min. and stretching of ② hip IR + ER and MFR by self on ①. Pt was instructed in and performed 1/4 Serris and glute stretch.

: ① hip tight + low ②

: entire trunk. ↑ ① hip strength

③ Sue M. Satch PT

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

: Pt reports pain level now 3/10 rest 5/10 ~~today~~

: ① hip flexion 4/5 ② hip exten.sion 3+5. Pt Seen in US x 8 mmw 2.0 w/cm<sup>2</sup> to ② thoracolumbar muscles 0-↑ 10 min. 10 minutes of STM to same area to restriction. Name stretching of ② hip IR + ER minutes. PRM 8R ① supine 70°. Instructed to and used standard hip ext and then performed other - to in gym sheet.

: Better hip ER. Needs further stretch, PRM +d entire strength + ROM activities.

1/21/00

: Pain level slightly less. Hip Ext good

1: Arms flexed fingertip to floor  $6\frac{1}{2}$ ", lateral bend fingertip to floor (R) 23" (L) 21". Pt seen for more hamstring stretching to L.p. IR stretch on (L) then was instructed to and performed well hamstring stretch and an d riped opposite arm/leg lift. 10 minutes. Ingraham seated knee ext and prone opposite leg lifts 5 min. Performed ther-ex program on gym sheet 15 min.

: Better (under motion).

: Better strength/stability 1 week

: Better strength/stability 1 week  
dry on bath pt

1) 1/24/00 9:57 - 13:30 am

i: Pt reports slight strain = hamstring wall stretch

i: Pt reports slight strain = hamstring wall stretch. Strength of

i: Instructed in dd. intensity of stretch. Strength of

) hip flexion/SLR 4/5, (L) paraspinal 4/5, (R) hip extensor 1/5. All others were WNL. Pt seen for physical therapy/strength seated knee ext, posture correct, and prone opp arm/leg lifts. more stretch of

) hamstrings. Performed ther-ex on gym sheet.

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

: Recommend further strength/flexibility before return

∴ 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

∴ pt performed scapular retractor 10#, seated knee ext and opp arm/leg lifts on physioball. Pt performed ther-ex program per gym sheet & additional circles.

∴ did well & increased activity

∴ entire strength program & "weak" signs on Fatesh Pt

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

∴ Pt reports that he is making good progress

∴ Pt sees for manual stretch of ⑧ hamstrings 2 min forward bend - fingertip to floor 2". Pt performed hyperextension: seated knee ext, pure opposite arm/leg lifts, knee retractor 5# and abdominal curls 12 min.

∴ performed ther-ex program per gym sheet 20 mins

∴ Increased activity. Better knee ext.

∴ entire this week Signs on Fatesh 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 log lifts, prone scapular retractions 5x, seated knee ext and abdominal curls on weight bench x 10 minutes. Patient seen for hamstring stretch 3 min. Strength SLR/hip flexion (L) 4+ to 5/5, hip extension (R) 4+5 Paraspinals 4+5 (L), Flossed and finger tip to floor 2 1/2". Pt performed then - ex sugar per gym sheet 13 nuts.

+: All goals met. Doing well

: Ok to  $\oplus$  HEP

Sign in Ortho PT



DuBois Regional  
Medical Center

### PHYSICAL THERAPY DISCHARGE SUMMARY

Patient Name: Paul Simanovic 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 fd to at least 4+5 throughout  
Lumbar & LE Rom fd

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

Sue m Satola PT  
Therapist Name

5-4-00  
Date



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** (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:**

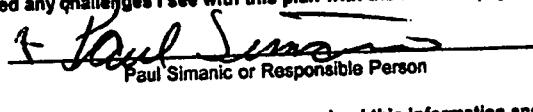
- Take this medicine with food or milk to avoid an upset stomach.
- Sit or stand slowly to avoid dizziness.
- Use gum, hard candy, or ice chips for a dry mouth.
- Talk to your doctor before taking other medicines (including over-the-counter medicines).
- Store this medicine away from heat, moisture or 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:**

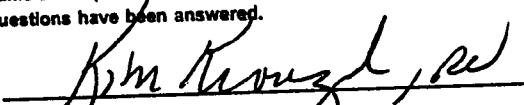
- any sign of allergy.
- Increased pain or muscle spasms.
- any new or severe symptoms.

**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.

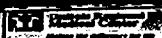
"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

  
Paul Simanic or Responsible Person

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

  
Kim Krouzal, RN  
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!



334-2000 M0009300599 04/02/00  
 SIMA, PAUL L  
 179-56-5071 M 39Y 06/06/60  
 PALMER, GEORGE JR  
 BELLOMO, JOHN J

Time: 8:59  Emergent  Urgent  Nonurgent

CONDITION ON ARRIVAL:  Poor  Fair  Satisfactory  DOA

CHIEF COMPLAINT: Strangled in MVA x 7pm  
 - Struck in rear driver's side  
 - 2nd (+) restrained driver  
 G2 and thoracic pain. GLOC.

VITAL SIGNS Temp 98.8 Pulse 74 Resp 16 BP 140/78 O<sub>2</sub> Sat 94% Wt

ALLERGIES: Bananas.

CURRENT MEDS:  See attached list 0 meds.

IMMUNIZATIONS:  QNA  UP TO DATE LAST TT/TD:

VISUAL ACUITY OD OS OU  CORRECTED  
 DNA  UNCORRECTED

PT. PREGNANT?  DNA  YES  NO  UNSURE  HYSTERECTOMY  
 LMP \_\_\_\_\_  TUBAL LIGATION

TRIAGE TO  Registration Room  Emergency Room  Triage Nurse: 100

Primary Nurse: M. 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, 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"/>

EKG: Provisional Reading:

Repeat

ABG  on O<sub>2</sub>  on Room Air

Proventil  Repeat  Repeat

Proventil Atrovent  Repeat  Repeat

Vaponephrine  Repeat  Repeat

Other  Repeat  Repeat

Peak Flows  Repeat  Repeat

Chest  CT

Portable Chest  Enhanced

Port Lat C Spine  Unenhanced

C Spine

L/S Spine

ABD Series

## PHYSICIAN REPORT

EXAM TIME: 2/22

Dictated 



DISPOSITION OF PATIENT AND PATIENT INSTRUCTIONS		Condition On Discharge:	Satisfactory	Fair	Poor	Time: 2/25	WITH: <input type="checkbox"/> self <input type="checkbox"/> family <input type="checkbox"/> other
<input type="checkbox"/> Admitted Room No:	<input type="checkbox"/> Physician Notified/Time:	<input type="checkbox"/> Sent Home	<input type="checkbox"/> Return to work	<input type="checkbox"/> Deceased	<input type="checkbox"/> Transferred		NOTIFIED: <input type="checkbox"/> Relative <input type="checkbox"/> Police <input type="checkbox"/> Coroner <input type="checkbox"/> Poison Center
For follow-up care please see:	<input type="checkbox"/> Personal physician <input type="checkbox"/> Occupational medicine <input type="checkbox"/> 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 Flexeril 10mg BID X 14; Rx Naprosyn 500mg BID X 14; moist heat x 10;

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

Not, no lifting or bending; follow Dr. Bellomo.  
 4/3/00 or 4/4/00.

Method of Validating Knowledge:  Verbalization  Return Demo  Other: \_\_\_\_\_

PATIENT/ RESPONSIBLE PARTY

NURSE'S SIGNATURE: 

PHYSICIAN'S 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 condition and results are known or treated. I will remain for follow-up as directed.



DuBois Regional Medical Center  
EMERGENCY PHYSICIAN  
RECORD  
MVA (5)

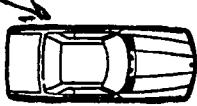
17

SIM 179-071 M 39Y 06/06/60

PALMER, GEORGE JR  
BELLOMO, JOHN J

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

HX / EXAM LIMITED BY:

HPI chief complaint: MVA injury to: <i>motorcycle</i>	
occurred: just PTA	position in vehicle: <i>driver passenger front back</i>
context: car collision overturned vehicle single-car accident (lost control / fell asleep / unknown cause)	
<b>location of pain/injuries:</b> head face mouth neck chest abdomen back <i>upper mid lower</i> radiating to (R/L) thigh / leg	
<b>severity of pain:</b> mild moderate severe	
<b>site of impact:</b> "P" = primary "S" = secondary 	
<b>restraints:</b> none <i>lap / shoulder</i> doesn't recall car seat air bag deployed thrown from vehicle ambulated at scene long extrication	
<b>ROS</b> <input type="checkbox"/> all systems neg except as marked - <i>loss of feeling / power arms/legs</i> - <i>headache</i> - <i>double vision / hearing loss</i>	
<b>SOCIAL HISTORY</b> <i>recent ETOH</i> <i>smoker</i> <i>drug-abuse</i> <b>PAST HISTORY</b> <i>negative</i>	

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

Nurses note reviewed  Tetanus immun. UTD  Vital signs reviewed

**PHYSICAL EXAM**  Alert  Lethargic  Anxious

Distress MAD mild moderate severe

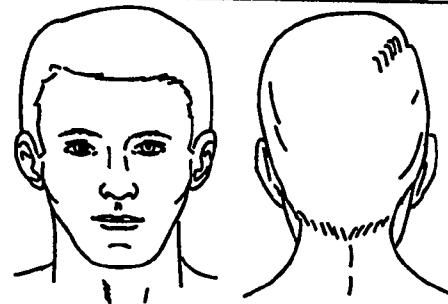
Other c-collar (PTA / In ED) back-board IV splint

**HEAD**

no evidence of trauma see diagram  
Battle's sign / Raccoon Eyes

**NECK**

non-tender see diagram  
 painless ROM vertebral point-tenderness  
 trachea midline muscle spasm / decreased ROM  
pain on movement of neck

**EYES**

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

**ENT**

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

**RESP & CVS**

chest non-tender decreased breath sounds  
 breath sounds nml wheezing / rales  
 heart sounds nml splinting / paradoxical movements  
tachycardia

**ABDOMEN**

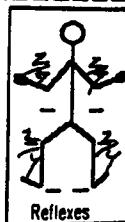
non-tender see diagram (on reverse)  
 no organomegaly rebound tenderness  
mass / organomegaly  
guarding

**GENITAL / RECTAL**

nml genital exam perineal hematoma  
 nml vaginal exam blood at urethral meatus  
 nml rectal exam decreased rectal tone

**NEURO / PSYCH**

oriented x3 confusion / disorientation  
 mood & affect EOM palsy / anisocoria  
 CN's nml facial asymmetry  
unsteady / ataxic gait  
 as tested sensory / motor deficit  
 sensation & motor nml



33411 0009300589 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**

extraumatic  
pelvis stable  
hips non-tender  
no pedal edema  
nml R/L JMs

see diagram

crepitus / diaphoresis

see diagram

vertebral point-tenderness

CVA tenderness

muscle spasm / limited ROM

see diagram

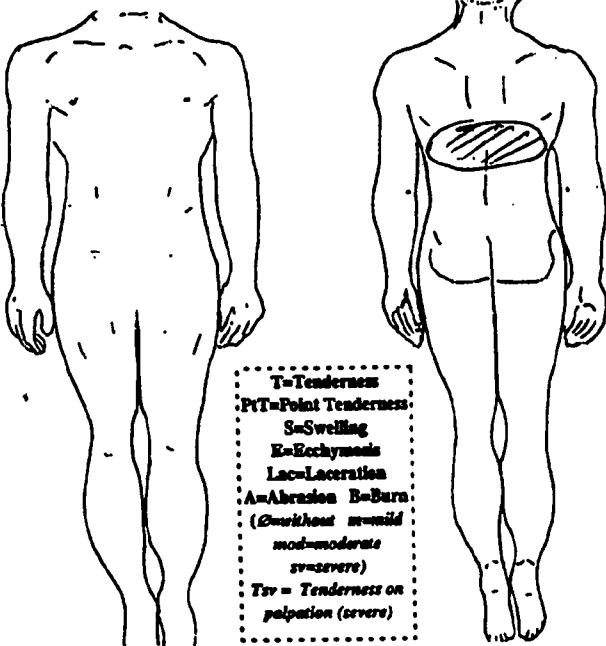
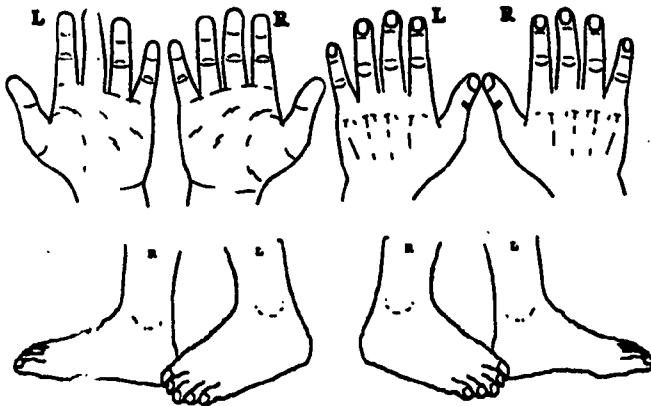
bony point-tenderness

painful / unable to bear weight

pulse deficit

Joint Exam:

limited ROM / ligaments laxity / joint effusion



**PROGRESS:**

**XRAYS**  Interp. by me  Reviewed by me  Discsd w/radiologist

**C-Spine**  D-Spine  LS-Spine

—nml / NAD  
 —no fracture  
 —nml alignment  
 —soft tissues nml

reversal straightening of cerv. lordosis  
 DJD / spondylosis / spurring

**CXR**  
 —nml NAD  
 —no infiltrates  
 —nml heart size  
 —nml mediastinum

rib fracture  
 infiltrate / atelectasis

**OTHER**  See separate report  
 — A  RBC

**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  
 lidocaine 1% 2% epi / bicarb marcaine 25% 5% LET

**prep:**  
 —sterile saline irrigation  
 —irrigated/washed w/ saline  
 —extensively  
 —excised

—debrided / undermined  
 —extensively  
 —foreign material removed  
 —minimal moderate extensive

**repair:** Wound closed with: dermabond / steri-strips  
 SKIN. # 0 nylon / prolene / staples

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:**

<b>Contusion</b>	head	wrist	R/L	<b>sprain/strain</b>
	face	hand	R/L	neck dorsal lumbar
	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			

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

## TIME:

Gianni

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

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

Trauma/Accidents			<input checked="" type="checkbox"/> DNA	Airway
<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 <input checked="" type="checkbox"/> Side			<input checked="" type="checkbox"/> Clear/Patent <input type="checkbox"/> Adjuncts _____	
Type:	<input type="checkbox"/> Car	<input type="checkbox"/> Truck	<input type="checkbox"/> Motorcycle	
	<input type="checkbox"/> Bicycle	<input type="checkbox"/> _____		
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:	_____			
Extrication 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			
<b>Breathing</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Dyspneic <input checked="" type="checkbox"/> Stridor <input type="checkbox"/> Nasal flaring <input type="checkbox"/> Accessory muscles <input type="checkbox"/> Other _____ <b>Cough:</b> <input type="checkbox"/> Non productive <b>Breath Sounds:</b> <input type="checkbox"/> Not assessed / DNA				

Prehospital Care / Treatment			XDNA
<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"/> Accuchek _____			
<input type="checkbox"/> Meds: _____			
			Right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rales/crackles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhonchi/Coars
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheeze
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diminished
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Absent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tracheal Devia

<input checked="" type="checkbox"/> Splints	<input type="checkbox"/>		
<input checked="" type="checkbox"/> O <sub>2</sub>	<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
<input type="checkbox"/> Tracheal Devia <input type="checkbox"/> JVQ			
<b>Oxygen:</b> _____ LPM			
<input type="checkbox"/> NC <input type="checkbox"/> Simple face			
<input type="checkbox"/> Tube <input type="checkbox"/> Humidified			

PMH:  DNA **Pulse Oximeter on at** \_\_\_\_\_

<input checked="" type="checkbox"/> <b>NONE</b>	<input type="checkbox"/> <b>Unable to obtain</b>	<b>Circulation</b>
<input checked="" type="checkbox"/> <b>CHF</b>	<b>Color:</b> <input checked="" type="checkbox"/> <b>Normal</b> <input type="checkbox"/>	
<input checked="" type="checkbox"/> <b>MI</b>	<input checked="" type="checkbox"/> <b>Mottled</b> <input type="checkbox"/>	
<input checked="" type="checkbox"/> <b>Cardiac Cath</b>	<b>Surgeries:</b>	<input checked="" type="checkbox"/> <b>Ashen</b> <input type="checkbox"/>
<input checked="" type="checkbox"/> <b>Hypertension</b>	<input type="checkbox"/> <b>Angioplasty</b>	<input checked="" type="checkbox"/> <b>Sallow</b> <input type="checkbox"/>
	<input type="checkbox"/> <b>CABG</b>	

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hysterectomy	Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot
<input type="checkbox"/> Asthma/COPD	<input type="checkbox"/> Appendectomy	
<input type="checkbox"/> Seizures	<input type="checkbox"/> _____	
<input type="checkbox"/> Cancer	<input type="checkbox"/> _____	
<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"/> _____		
<b>Pulses:</b>		Right      Left
<b>Radial</b>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Normal		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Thready		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bounding		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Absent		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Pedal</b>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Normal		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### Alcohol use:

~~OC~~  
Lipass/Dec  
1987

Alcohol use.  
Tobacco use.

### **Caffeine use:**

1

Capillary refill: \_\_\_\_\_ seconds

Bleeding controlled  Yes  No

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

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	
Ideations:			

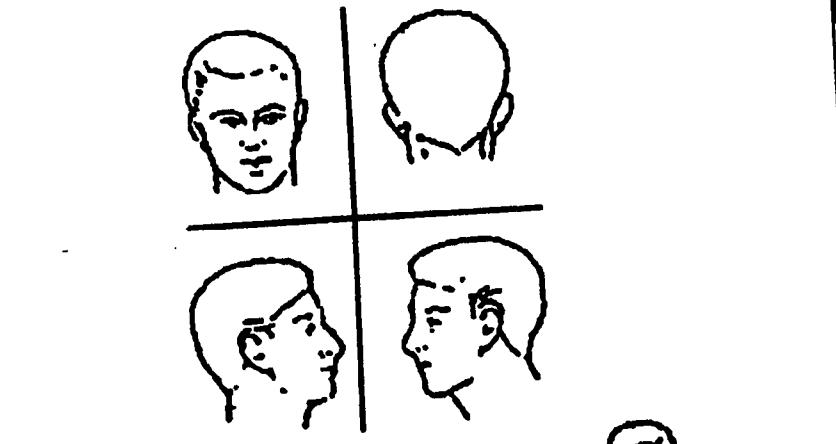
## MISCELLANEOUS

DNA

Musculoskeletal Injury/Wounds

DNA

Mechanism of Injury/Description:

Injured at:  Work  Home  Other  
 See body diagram \_\_\_\_\_

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

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

04/02/00

## ENT

EYES	OD	OS	EARs	AD	AS	NOSE/THROAT
Red	<input type="checkbox"/>	<input type="checkbox"/>	Pain	<input type="checkbox"/>	<input type="checkbox"/>	Epistaxis
Tearing	<input type="checkbox"/>	<input type="checkbox"/>	Drainage	<input type="checkbox"/>	<input type="checkbox"/>	Rhinorrhea
Matted	<input type="checkbox"/>	<input type="checkbox"/>	Decreased	<input type="checkbox"/>	<input type="checkbox"/>	Sore throat
Burning/pain	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<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"/>				
Floater	<input type="checkbox"/>	<input type="checkbox"/>				
Foreign body	<input type="checkbox"/>	<input type="checkbox"/>				

## DESCRIPTION:

DNA

## GI/GU/GYN

DNA

## Abdomen:

Soft  Distended  
 Guarding  Rigid

## Tenderness:

none  LUQ  
 RUQ  LLQ  
 RLQ  Epigastric

## Bowel Sounds:

Present  Dry heaves  
 Diminished  Vomiting \_\_\_\_\_  
 Hyperactive  Diarrhea \_\_\_\_\_  
 None  Rectal Bleed \_\_\_\_\_  
 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



334154 0009300599 04/02/00  
SIMANIC,PAUL L  
179-56-5071 M 39Y 06/06/80  
PALMER,GEORGE JR  
BELLOMO,JOHN J

## **Emergency Department Record**

## PATIENT PROBLEM LIST

Patient needs identified as: (Number to Prioritize) (Minimum of 1 need to be identified)

<b>1</b> Knowledge deficit: _____ Alteration in Comfort: <u><i>Back pain</i></u> Alteration in fluid volume: _____ Alteration in Oxygenation: _____ Decreased Cardiac Output: _____  (See Chart and nurses notes for interventions and response.)	Alteration in body temperature: _____
	Individual ineffective coping: _____
	Risk of infection _____
	Impaired tissue integrity: _____
	Other: _____

SCREENING CRITERIA	Patient Home Phone Number/Room #:
<b>Suspected Abuse: Adult/Child:</b> <input checked="" type="checkbox"/> No Identified Needs <input type="checkbox"/> Unusual/suspicious marks (i.e. burns, bruises, welts, lacerations, punctures) <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Domestic Violence: Patient verbalizes need for assistance. <b>FOLLOW DRMC POLICY (PR-1, PR-1.2, PR-1.3),</b>	Initial visit: date: _____ Time: _____ Signature: _____ Follow-up: <input type="checkbox"/> None <input type="checkbox"/> See Progress Note
<b>Discharge Planning:</b> <input checked="" type="checkbox"/> No Identified Needs <input type="checkbox"/> Additional supportive services needed upon d/c (med. equip., Home Health). <input type="checkbox"/> INITIAL Placement assistance needed before discharge. <input type="checkbox"/> Financial assistance required to follow treatment. <input type="checkbox"/> Patient has an Advanced Directive but did not bring in a copy, follow up needed.	Initial visit: date: _____ Time: _____ Signature: _____ Follow-up: <input type="checkbox"/> None <input type="checkbox"/> See Progress Note
<b>Pastoral Care:</b> <input checked="" type="checkbox"/> No Identified Needs <input type="checkbox"/> Terminal Illness; <input type="checkbox"/> Recent Loss of Significant Other; <input type="checkbox"/> Request for Pastoral Care <b>If any of the above are indicated, PLEASE FAX THIS FORM TO THE SOCIAL WORK/PASTORAL CARE AREA #3488</b>	Initial visit: date: _____ Time: _____ Signature: _____ Follow-up: <input type="checkbox"/> None <input type="checkbox"/> See Progress Note

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials:

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

Page: 1

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

| URINALYSIS ROUTINE |

Spec: Urine Voided

Out: 04/02/00 2207

Techs: VER T00702\*

Call Time: 04/02/00 2143

[D0009300599/1147619].

Order Phys: PALMER, GEORGE JR

\*STAT\*STAT\*STAT\*

Result

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

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

SIMANIC, PAUL L  
RD 1 BOX 168  
DUBOIS

PA 15801-0000 Age 39Y

\*ER

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

#### 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

pcw Billing Department



LAW OFFICE

**THOMAS J. SIBERT, ESQ.**

Arb 129-03

300 WEST HIGHLAND AVENUE  
EBENSBURG, PENNSYLVANIA 15931

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

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. Mohney, Esq.

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**

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,

No.: 2002 - 449 - CD

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

**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 to 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.  
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 2<sup>nd</sup> 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. Mohney, Esquire  
Attorney at Law  
90 Beaver Drive, Suite 201 A  
Clearfield, PA 15801

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

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY  
PENNSYLVANIA

Paul Simanic

vs.

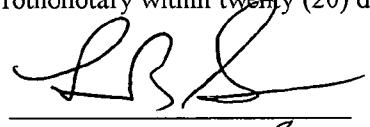
Melinda Daisher

No. 2002-00449-CD

**OATH OR AFFIRMATION OF ARBITRATORS**

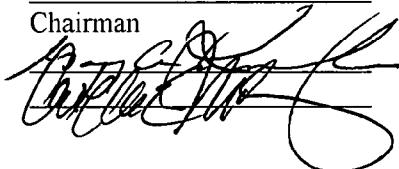
Now, this 9th day of December, 2003, we the undersigned, having been appointed arbitrators in the above case do hereby swear, or affirm, that we will hear the evidence and allegations of the parties and justly and equitably try all matters in variance submitted to us, determine the matters in controversy, 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



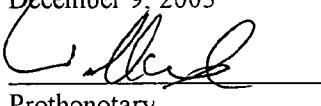
Chairman

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



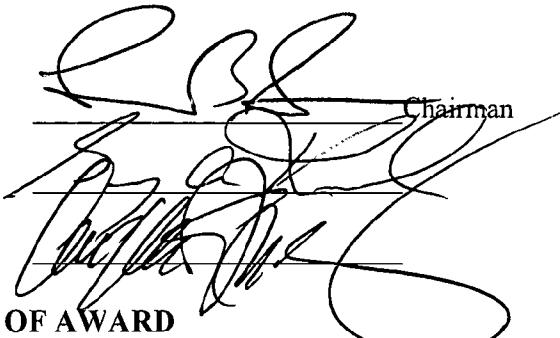
Sworn to and subscribed before me this

December 9, 2003

  
\_\_\_\_\_  
Prothonotary

**AWARD OF ARBITRATORS**

Now, this 9<sup>th</sup> 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.



(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**

010:22 MA-Aspinwall  
+ attorney

DEC 09 2003

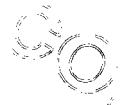
William A. Shaw  
Prothonotary

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

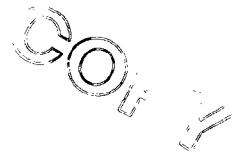
In the event of an Appeal from Award of Arbitration within thirty (30) days of date of award.

Paul Simanic

Vs.

Melinda Daisher

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



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. Unit 4~~  
~~Stoneboro PA~~

PO Box 778  
Sandy Lake 16145

Paul Simanic

Vs.

Melinda Daisher

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

CO/

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

Ex Tren  
copy  
Med  
Rec

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

cc: Billing Department

5/22/02



**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
D1-ER	09/11/01

PAGE NO.
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		
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 2 STATION ST APT A SYKESVILLE PA 15865	<input type="checkbox"/>		CARD NO. _____
		<input type="checkbox"/>		EXPIRATION DATE _____
		<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	16111	PC EMERGENCY DEPARTMENT VISIT L2 TOTAL Professional fee-general	980		1	70.00	70.00 70.00
		TOTAL CHARGES					380.40
09/04/01	I1120	31 WORKMANS COMP OUTPATIENT					-70.00
09/04/01	I1120	31 WORKMANS COMP OUTPATIENT					-310.40
		TOTAL PAYMENTS/ADJUSTMENTS					-380.40

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

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 16112 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
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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
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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
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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
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0098-00047	0.00
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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: 375-9372  
Fax (814) 375-3025

DRMC  
Physical Therapy  
Prescription Form

Name: Paul Sumanic Date: 4-10-08  
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: John S. Berman, M.D.

KK-D-148

DuBois Regional Medical Cen.  
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 Simanick 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 (R) hamstrings & slightly in low paraspinals  
Still with some weakness in (L) hip Extension 4/5

(L) Hip flexion/SLR 4/5, (L) Paraspines 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 George m Fatch PT

PLEASE CHECK THE APPROPRIATE ORDERS:

Continue with Recommended Treatment

Discharge and/or Discontinue Treatment

Additional orders: \_\_\_\_\_

Physician's Signature

Julie Bellomo

Date

4/24/01



## DuBois Regional Medical Center

*Making the difference for life.*

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

### 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 <sup>nd</sup> 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 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 - 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  $\frac{1}{2}$  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 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.

George M. Fatula, P.T.

GMF/mmi

Daily Progress Note

Patient Name Semanic Paul

②

4/12/00

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

: Pt seen for manual traction, hip Adductor stretch and hip ER stretch. Instructed in and performed hip Adductor and glute sets related to MHT & FFEFS. Quad stretch 80-150 ft to threshold Jct over ③ to 1 pm, spasm & spincter.

: tolerated well

: Progress Flexib. 17° & hip straight. Slight mismatch PT

4/13/00

: Pt reports that he had a constant "annoying" pain all yesterday at the ① T-L Jct

: Pt seen for STM to ① Low thoracic / upper lumbar paraspines x 10 min. Pt started to manual stretch of ① hip ER, IR, Adductors, manual lumbar traction and MFR ② Pull in IF & IR on ①. Arms flexions from tip to floor 12" from ① hip ER 47°

: Better hip ER. Tight IR ①

: routine traction. Add stretches for hip Slight mismatch PT

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

Simancic, Paul

: Pt reports that STM and DIC E-STIM seemed to work well. States that he had some  $\uparrow$  stiffness Friday from 1d activity.

: Pt seen for US  $\times$  8 mm  $2.0 \text{ W/cm}^2$  to (L) low thoracic upper limb muscles to  $\uparrow$  mobility & pain. STM done to same area to  $\downarrow$  restriction  $\times 10$  min. manual stretching of (L) hip IR + ER and MFR by self on (L). Pt was instructed in and performed L. I. flexion and glute stretch.

: (L) hip tightness R

: entire treated.  $\uparrow$  (L) hip strength

Sign on Fathia PT

③

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

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

: (L) hip flexion 4/5 (R) hip extens. 3+5. Pt seen in US  $\times$  8 mm  $2.0 \text{ W/cm}^2$  to (L) gluteal muscles or lum. 10 minutes of STM to same area to restriction. Manual stretching of (L) hip IR + ER minutes. PROM ER (L) supine  $70^\circ$ . Instructed to add and repeat flexed hip ext and then supine then ex in gym sheet.

: Better hip ER. Needs further stretch. Draw and

: entire stretch + Rm activities.

Sign on Fathia PT

# Daily Progress Note

Patient Name Stmanic Paul

1/21/00

- 1: Pain level slightly less. Hip ext good
- 1: Arms flex-n finger tip to floor  $6\frac{1}{2}$ ", lateral bend finger tip to floor (R) 23" (L) 21". Pt seen for muscle hamstring stretching & hip IR stretch on (L) then was instructed to and performed well hamstring stretch and an d riped opposite arm/leg 1-4. 10 minutes. Right side seated knee ext and prone opposite arm/leg lifts 5 min. Performed other-ex program on gym sheet 15 min
- 1: Better (under motion).
- 1: Better strength/stability 1 week
- 1: Right strength/stability 1 week

1/24/00 9:57 - 13:30 am

- 1: Pt reports slight staw = hamstring wall stretch
- 1: Instructed in dd intensity of stretch. Strength of hip flexn/SZR 4/5, (L) paraspinal 4/5, (R) hip extn 1/5. All others were wnl. Pt seen for physical therapy/strength seated knee ext, posture correct, and prone opp arm/leg lifts. prone stretch of hamstrings. Performed other-ex on gym sheet.
- 1: Doing well. Still some (L) hip & low back aches
- 1: Recommended further strength/flex. before return to work

1-1 m Fatih PT

8) 4/26/00

SIMANIC, PAUL

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

∴ pt performed scapular retractor 10#, seated free ext and opp arm/leg lifts on physioball. Pt performed ther-ex program per gym sheet & additons circler.

∴ did well & increased activity

∴ continue strengthening program & week 2 day on statics &

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

∴ Pt reports that he is making good progress

∴ Pt seen for manual stretch of <sup>(B)</sup> hamstrings 2 min forward bend - fingertip to floor 2". Pt performed hyperextension: seated free ext, pure opposite arm/leg lifts, no retraction 5# and abdominal curl 12 min.

∴ improved ther-ex program per gym sheet do nows

∴ increased activity. Better balance seen.

return this week

Day 2 statics Pt

## Daily Progress Note

Patient Name Simonin Paul

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

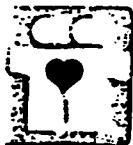
∴ pt reports basically no pain. Confident with exercises and no specific difficulties in any activities.

pt performed prone opposite arm/leg lifts, prone scapular retractions 5x, seated knee ext and abdominal curls on hyperhill x 10 minutes. Patient seen for history global 3 m.w. Strength SLR/l.p flexion (L) 4+ to 5/5, hip extension (L) 4+15 Paraspinals 4+15 (R), Fvorst end fingertip to floor 2 1/2". Pt performed the - ex 25 min per gym sheet 13 mnts.

+: All goals met. Very well

∴ Dir to  $\oplus$  HEP

Sege on Batela PT



DuBois Regional  
Medical Center

### PHYSICAL THERAPY DISCHARGE SUMMARY

Patient Name: Paul Simanovic 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 fd to at least 4+5 throughout  
Lumber & LE Rom fd

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

Sue m Satola PT  
Therapist Name

5-4-00  
Date

<b>PATIENT</b>  <b>NAME AND ADDRESS</b> SIMANIC,PAUL L RD 1 BOX 168	<b>COUNTY</b> 230  <b>PA</b>	<b>REGISTRATION DATE</b>	<b>TIME</b>	<b>ORG/NR</b>	<b>MED. REC. NO.</b>	<b>BILLING NO.</b>
		04/02/00	2:30	334154	0009300599	
		AGE	BIRTH DATE	METHOD ARRIVAL		SEX
39Y	06/06/60	2 WALK IN		M	1	M
RELIGION				P.T.	FIN.CL.	ADMIT BY
				ER	AU	HW
TELEPHONE NO. (814)375-0635 S.S. NO. 179-56-5071						
EMPLOYER, ADDRESS, OCCUPATION, PHONE HALLSTROM CONSTRUCT (814)371-4334 LABORER 1505						
P O BOX 648 DUBOIS PA						
PT/PT REPRESENTATIVE STATES SYMPTOMS OR ACCIDENT - HOW, WHERE, WHEN MVA 040200						
STAFF ALERT						
PERSON TO NOTIFY IN CASE OF EMERGENCY SIMANIC,SARAH RD 1 BOX 168 DUBOIS PA1814375-0635-H RELATIONSHIP SPOUSE						
NAME AND ADDRESS SIMANIC,PAUL L SELF RD 1 BOX 168 DUBOIS PA 15801-0000			TELEPHONE (814)375-0635	REL	EMPLOYER NAME AND ADDRESS LABORER SOC.SEC.# 179-56-5071	
					HALLSTROM CONSTRUCT P O BOX 648 DUBOIS PA 15801 (814)371-4334	
INSURANCE COMPANY NATIONWIDE AUTO NATIONWIDE AUTO PC BC KEYSTONE		PLAN 350019 35012 10000	POLICY HOLDER SIMANIC,PAUL L SIMANIC,PAUL L SIMANIC,PAUL L	REL	POLICY # PHZ179565071	GROUP # 999999 999999 PHZ363
E.R. PHYSICIAN PALMER,GEORGE JR		FAMILY PHYSICIAN BELLOMO,JOHN J	REFERRING PHYSICIAN BELLOMO,JOHN J	VRAS 0403W		

## AUTHORIZATION FOR EMERGENCY, OUTPATIENT, OR SHORT PROCEDURES UNIT TREATMENT

(or Sarah)

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 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: All information in the Medical Center

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: Condition

Signature of Patient Representative

Relationship

Date/Time

Witness

Witness

## RELEASE FROM RESPONSIBILITY FOR DISCHARGE

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

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** (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:**

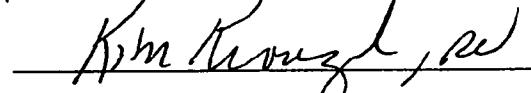
- any sign of allergy.
- increased pain or muscle spasms.
- any new or severe symptoms.

**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.

  
Kim Krouse, RN

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!

Name: 891  Emergent  Urgent  NonurgentCONDITION ON ARRIVAL:  Poor  Fair  Satisfactory  DOAchief complaint: Struck in MVA  $\approx$  7pm  
- struck on rear door's side  
1600. (+) restricted breath  
+ mild thoracic pain. LOC.TAL GNS Temp 98.8 Pulse 74 Resp 16 BP 140/78 O<sub>2</sub> Sat 94% Wt

ALLERGIES: Bananas.

CURRENT MEDS:  See attached list 0 meds.IMMUNIZATIONS:  DNA  UP TO DATE LAST TT/TD:SUAL ACUITY DNA OD OS OU  CORRECTED  UNCORRECTEDPREGNANT?  DNA  YES  NO  UNSURE  HYSTERECTOMY  
LMPTRIAGE TO  Registration  Room Triage Nurse: 101

Primary Nurse: DR. Michael J. Bellomo

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PALMER, GEORGE JR  
BELLOMO, JOHN J

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"/> Lyses	<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"/> GGC	<input type="checkbox"/>

EKG	<input type="checkbox"/> EKG: Provisional Reading:		
	<input type="checkbox"/> Repeat		
CARDIO	<input type="checkbox"/> ABG <input type="checkbox"/> on O <sub>2</sub> <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"/> 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"/> Thoracic 50	<input type="checkbox"/> CT
SPINE	<input type="checkbox"/> Chest <input type="checkbox"/> Portable Chest	<input type="checkbox"/> Enhanced	<input type="checkbox"/> Unenhanced
	<input type="checkbox"/> Port Lat C Spine	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> C Spine	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> L5 Spine	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> ABD Series	<input type="checkbox"/>	<input type="checkbox"/>

## PHYSICIAN REPORT

XAM TIME: 2/22

Dictated (T)

THORACOLUMBAR STRAIN

DISPOSITION OF PATIENT AND PATIENT INSTRUCTIONS	Condition On Discharge:	Satisfactory	Fair	Poor	Time	WITH:
Admitted Room No: <input type="checkbox"/> Physician Notified/Time:	<input type="checkbox"/> Sent Home <input type="checkbox"/> Return to work	<input type="checkbox"/> Deceased	<input type="checkbox"/> Transferred			NOTIFIED: <input type="checkbox"/> Relative <input type="checkbox"/> Police <input type="checkbox"/> Coroner <input type="checkbox"/> Poison Center

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

THER INSTRUCTION: Rx Flexeril 10mg TID x 14, Rx Aleve 500mg BID x 14, continue strict Rest, no lifting or bending; follow c. DR. Bellomo

No Work or School	Date:	rest, no lifting or bending; follow c. DR. Bellomo
No Physical Education	<input type="checkbox"/> Until Released by Physician	4/1/2000 or 4/1/2000
Light Work Only		

Method of Validating Knowledge:	<input type="checkbox"/> Verbalization	<input type="checkbox"/> Return Demo	<input type="checkbox"/> Other:
PATIENT/ESPOSNIBLE PARTY	NURSE'S SIGNATURE	PHYSICIAN'S SIGNATURE	DR. Michael J. Bellomo

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/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  
RECORD  
MVA (5)

17

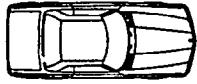
TIME SEEN: 2/22 ROOM: 4 EMS Arrival  
HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

HPI chief complaint: <u>MVA</u> Injury to: <u>lower back</u>	
<u>occurred:</u> <u>just PTA</u>	<u>position in vehicle:</u> <u>driver</u> <u>passenger</u> <u>front back</u>
<u>context:</u> <u>car collision</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> radiating to (R/L) thigh / leg	<u>-right-</u> shldr hip arm thigh elbow knee f-arm leg wrist ankle hand foot	<u>-left-</u> shldr hip arm thigh elbow knee f-arm leg wrist ankle hand foot
--	---	--

<u>severity of pain:</u> mild <u>moderate</u> severe	<u>associated symptoms:</u> lost consciousness / dazed duration: remembers: <u>impact</u> <u>coming to hospital</u> seizure
---	--

<u>site of impact:</u> "P" = primary "S" = secondary 	<u>restraints:</u> none <u>lap / shoulder</u>  doesn't recall car seat air bag deployed thrown from vehicle ambulated at scene long extrication
force low mod. high direct glancing	

<u>ROS</u> <input type="checkbox"/> all systems neg except as marked	<u>trouble breathing / chest pain</u>
<u>Toss-feeling / power arms/legs</u>	<u>nausea / vomiting</u>
<u>headache</u>	<u>loss of bladder function</u>
<u>double vision / hearing loss</u>	<u>skin laceration</u>
	<u>recent fever / illness</u>

SOCIAL HISTORY recent ETOH smoker drug abuse

PAST HISTORY negative

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

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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**

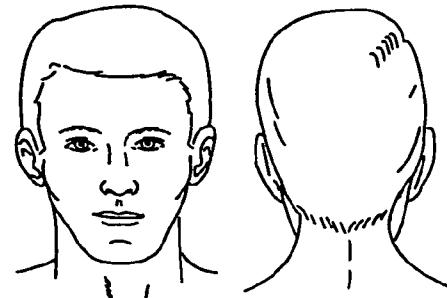
non-tender  
 painless ROM  
 trachea midline

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

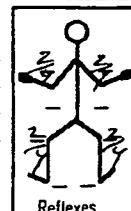
confusion / disorientation

EOM palsy / anisocoria

facial asymmetry

unsteady / ataxic gait

sensory / motor deficit

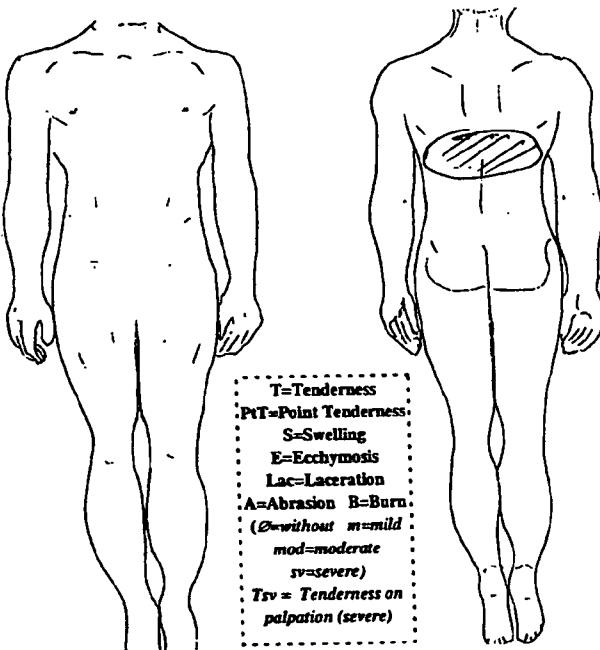
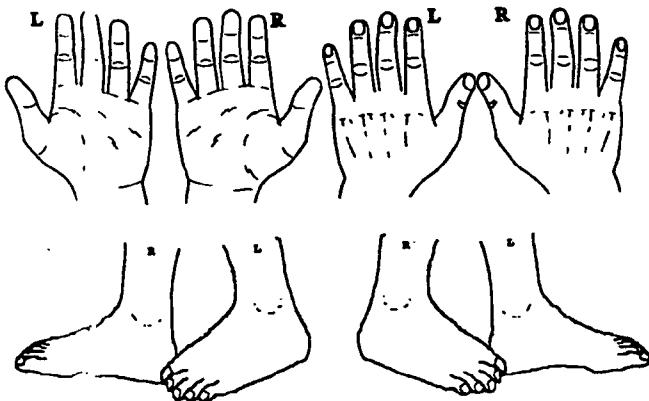


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 PALMER,GEORGE JR  
 BELLOMO,JOHN J



**SKIN**  
 - intact  
 - warm, dry  
**BACK**  
 - no CVA tenderness  
 - no vertebral tenderness  
**EXTREMITIES**  
 - extra-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  
 PT=Point Tenderness  
 S=Swelling  
 E=Ecchymosis  
 Lac=Laceration  
 A=Abrasion B=Burn  
 (w=without m=mild  
 mod=moderate  
 sv=severe)  
 Tsv = Tenderness on palpation (severe)

#### PROGRESS:

Neck pain 5 days w/ fever 38.5°C  
 Chest pain 3 days w/ fever 38.5°C  
 4/3 or 4/4/10

**XRAYS**  Interp. by me  Viewed by me  Discsd w/radiologist

**C-Spine**  **D-Spine**  **LS-Spi...**   
 - nml / NAD  
 - no fracture  
 - nml alignment  
 - soft tissues nml  
**L-Spi...**  
 - reversal straightening of cerv. lordosis  
 - DJD / spondylosis / spurring

**CXR**  
 - nml NAD  
 - no infiltrates  
 - nml heart size  
 - nml mediastinum

**OTHER**  See separate report  
 - A ERPC

**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  
 - lidocaine 1% 2% epi / bicarb marcaine 2.5% 5% LET  
**prep:**  
 - sterile saline irrigation  
 - irrigated/washed w/ saline  
 - \*extensively  
 - explored  
**repair:** Wound closed with: dermabond / steri-strips  
 - SKIN- # -0 nylon / prolene / staples  
 - \*SUBCU- # -0 vicryl / chromic  
 \* may indicate intermediate or complex repair

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

#### CLINICAL IMPRESSION:

<b>contusion</b>		
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		
<b>sprain / strain</b>		
neck dorsal lumbar		
<b>concussion</b>		
with LOC w/o LOC		
<b>laceration</b>		

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

*Paul Mckinley MD DO*

TIME: *4/10/01*

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BELLOMO,JOHN J



Mode of Arrival	Arrived with	Self Care
<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> W.C. <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Carried <input checked="" type="checkbox"/> Gait Steady <input type="checkbox"/> Unsteady	<input type="checkbox"/> Self <input type="checkbox"/> Police <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Delegate <input type="checkbox"/> Family <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Independent <input type="checkbox"/> Total Assist <input type="checkbox"/> Partial Assist <input type="checkbox"/> Child
Safety Measures		Environmental
<input checked="" type="checkbox"/> Siderails up <input type="checkbox"/> Family at bedside <input checked="" type="checkbox"/> Call Bell <input type="checkbox"/> Security present		Lives-with: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other _____ Language barrier <input type="checkbox"/> Translator _____
Trauma/Accidents		Overall appearance: <input checked="" type="checkbox"/> Normal Mood/affect: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Anxious <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Blunted/flat <input type="checkbox"/> Age appropriate <input type="checkbox"/> Combative <input type="checkbox"/> Unresponsive <input type="checkbox"/> Uncooperative
<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 <i>Sid</i> Type: <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> _____		<b>Airway</b> <input checked="" type="checkbox"/> Clear/Patent <input type="checkbox"/> Adjuncts _____
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		<b>Breathing</b> <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
Time of incident: _____ Extrication 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 _____		<b>Cough:</b> <input type="checkbox"/> Non productive <input type="checkbox"/> Productive <b>Breath Sounds:</b> <input type="checkbox"/> Not assessed / DNA
<b>Prehospital Care / Treatment</b> <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"/> Accuchek _____ <input type="checkbox"/> Meds: _____  <input type="checkbox"/> Splints _____ 0, <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		<b>Cardio Pulmonary</b> <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
<b>PMH:</b> <input type="checkbox"/> DNA <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"/> _____		<b>Oxygen:</b> _____ 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 <b>Pulse Oximeter on at</b> _____ % <b>Circulation</b> <b>Color:</b> <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 <input type="checkbox"/> _____ <b>Condition:</b> <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
<input type="checkbox"/> Alcohol use: <i>occ</i> <input type="checkbox"/> Tobacco use: <i>1 pack/day</i> <input type="checkbox"/> Caffeine use: <i>coffee</i>		<b>Pulses:</b> Right Left <input type="checkbox"/> DNA <b>Radial</b> <input checked="" type="checkbox"/> _____ Normal <input type="checkbox"/> _____ Thready <input type="checkbox"/> _____ Bounding <input type="checkbox"/> _____ Absent <input type="checkbox"/> _____ <b>Pedal</b> <input type="checkbox"/> _____ Normal <input type="checkbox"/> _____ Thready <input type="checkbox"/> _____ Bounding <input type="checkbox"/> _____ Absent <input type="checkbox"/> _____ Capillary refill: _____ seconds Bleeding controlled <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Patient Status</b> Loss of Consciousness <input type="checkbox"/> Yes <input type="checkbox"/> No <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 _____		<b>Pupils</b> <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 _____
<b>Extremity movement</b> 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 _____		<i>MM</i>

Signature: *Mark Mullings Jr*

Initials: *MM*

04/02/00

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MISCELLANEOUS

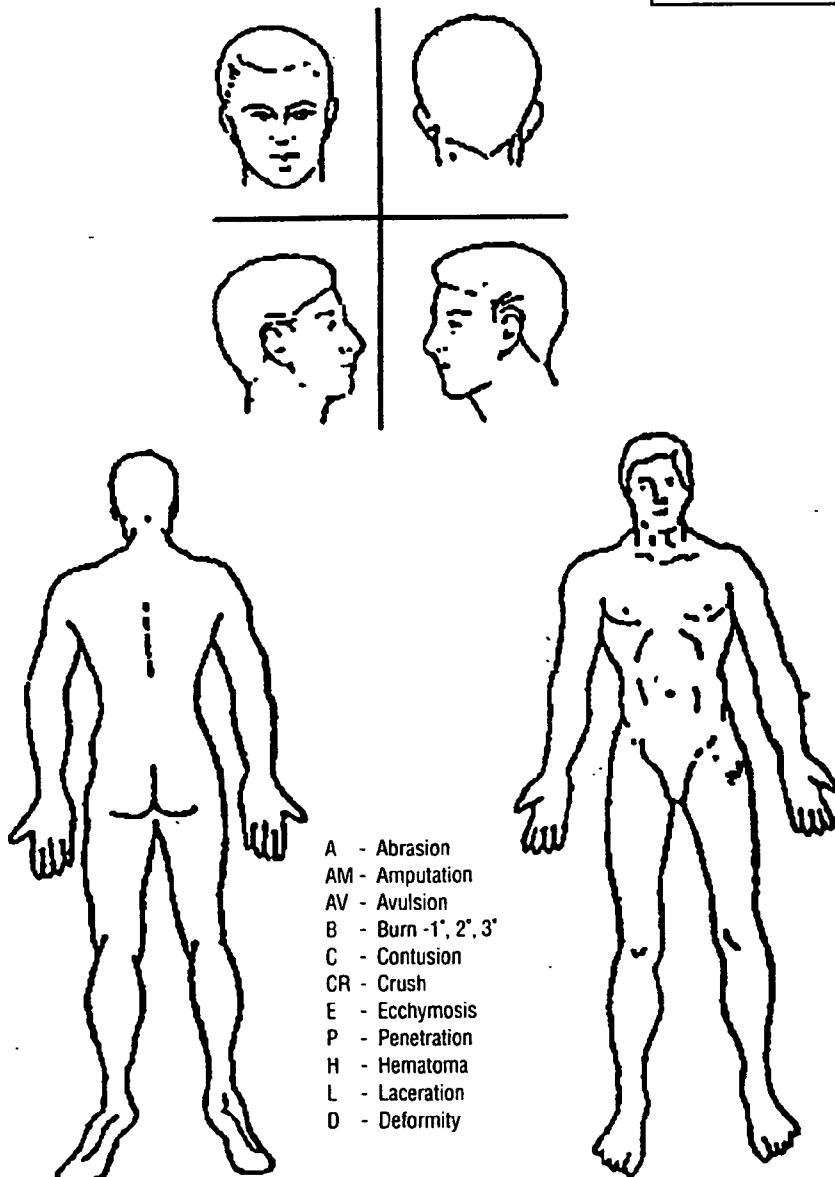
DNA

Musculoskeletal Injury/Wounds

DNA

Mechanism of injury/Description: \_\_\_\_\_

Injured at:  Work  Home  Other  
 See body diagram \_\_\_\_\_



EEMT

EYES	OD	OS	EARS	AD	AS	NOSE/THROAT
Red	<input type="checkbox"/>	<input type="checkbox"/>	Pain	<input type="checkbox"/>	<input type="checkbox"/>	Epistaxis
Tearing	<input type="checkbox"/>	<input type="checkbox"/>	Drainage	<input type="checkbox"/>	<input type="checkbox"/>	Rhinorrhea
Matted	<input type="checkbox"/>	<input type="checkbox"/>	Decreased	<input type="checkbox"/>	<input type="checkbox"/>	Sore throat
Burning/pain	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<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"/>				
Floater	<input type="checkbox"/>	<input type="checkbox"/>				
Foreign body	<input type="checkbox"/>	<input type="checkbox"/>				

DESCRIPTION: \_\_\_\_\_

GI/GU/GYN

DNA

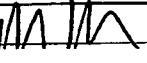
**Abdomen:**  
 Soft  Distended  
 Guarding  Rigid  
**Tenderness:**  
 none  LUQ  
 RUQ  LLQ  
 RLQ  Epigastric

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: 



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BELLOMO,JOHN J

## **Emergency Department Record**

## PATIENT PROBLEM LIST

**Patient needs identified as: (Number to Prioritize) (Minimum of 1 need to be identified)**

<b>I</b> Knowledge deficit: _____ Alteration in Comfort: <u><i>Body pain</i></u> Alteration in fluid volume: _____ Alteration in Oxygenation: _____ Decreased Cardiac Output: _____  (See Chart and nurses notes for interventions and response.)	Alteration in body temperature: _____
	Individual ineffective coping: _____
	Risk of infection _____
	Impaired tissue integrity: _____
	Other: _____

(See Chart and nurses notes for interventions and response.)

SCREENING CRITERIA	Patient Home Phone Number/Room #:
<b>Suspected Abuse: Adult/Child:</b> <input checked="" type="checkbox"/> No Identified Needs <input type="checkbox"/> Unusual/suspicious marks (i.e. burns, bruises, welts, lacerations, punctures) <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Domestic Violence: Patient verbalizes need for assistance. <b>FOLLOW DRMC POLICY (PR-1, PR-1.2, PR-1.3),</b>	Initial visit: date: _____ Time: _____ Signature: _____ Follow-up: <input type="checkbox"/> None <input type="checkbox"/> See Progress Note
<b>Discharge Planning:</b> <input checked="" type="checkbox"/> No Identified Needs <input type="checkbox"/> Additional supportive services needed upon d/c (med. equip., Home Health). <input type="checkbox"/> INITIAL Placement assistance needed before discharge. <input type="checkbox"/> Financial assistance required to follow treatment. <input type="checkbox"/> Patient has an Advanced Directive but did not bring in a copy, follow up needed.	Initial visit: date: _____ Time: _____ Signature: _____ Follow-up: <input type="checkbox"/> None <input type="checkbox"/> See Progress Note
<b>Pastoral Care:</b> <input checked="" type="checkbox"/> No Identified Needs <input type="checkbox"/> Terminal Illness; <input type="checkbox"/> Recent Loss of Significant Other; <input type="checkbox"/> Request for Pastoral Care	Initial visit: date: _____ Time: _____ Signature: _____ Follow-up: <input type="checkbox"/> None <input type="checkbox"/> See Progress Note
<b>If any of the above are indicated, PLEASE FAX THIS FORM TO THE SOCIAL WORK/PASTORAL CARE AREA #3488</b>	

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

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

Pat Name: SIMANIC, PAUL L Page: 1  
Jnlt #/Acct #: 000334154/D0009300599  
Loc: ER 04/02/00  
Phys-Service: PALMER, GEORGE JR - \*EMERGENCY ROOM  
\*\*\*\*\*  
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  
Jrobilinogen(EU/dl): 0.2 E.U./dL  
Nitrites: NEGATIVE  
Leukocytes: NEGATIVE  
RBCs( /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 \*ER Unit # 000334154  
RD 1 BOX 168 PA 15801-0000 Age 39Y Acct # D0009300599  
DUBOIS

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 Paul Simanic

Date of Birth

6-6-60

Date

4-6-00      w/w 251      B.P. 120/60

39yo.

After Fall to Concrete

1. Flexion  
2. Extension

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 Simanic

Date of Birth

6-6-60

Date

4/13/00 bp 158/82

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 25<sup>th</sup>. 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 25<sup>th</sup> 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 8<sup>th</sup>, 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


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

Date	5-8-01	1900 - Ap 138/64
3940.		Settle -
		Not work
		- Fin. In -
		

**SIMANIC, PAUL**

5/8/00

## 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

JOHN J. BELLOMO, D.O.

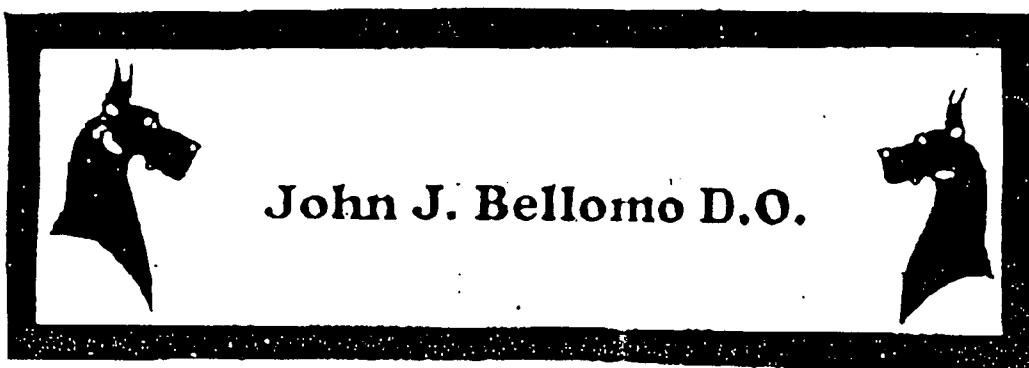
910 BEAVER DRIVE  
DUBOIS, PA 15801-2539  
PHONE: (814) 371-3730  
FAX (814) 371-9335



Fax Transmittal Cover Sheet

Fax Number: 514-471-9755  
To: Attention Dr. Bellomo  
From: Dr. Bellomo  
Date: 6-20-02  
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 6-6-42

Date	5-8-00	138/64
3940.		

SIMANIC, PAUL

5/8/00

## **MOTOR VEHICLE ACCIDENT**

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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

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JOHN J. BELLOMO, D.O.

JJB/jms

4-24-00	BP	108/60
39		

SIMANIC, PAUL      4/24/00      MOTOR VEHICLE ACCIDENT

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JOHN J. BELLOMO, D.O.

JJB/jms


DUBOIS REGIONAL MEDICAL CENTER  
100 Hospital Ave, DuBois, PA 15801SIMANIC, PAUL L  
RD 1 BOX 168  
DUBOISDIS - ER  
PA 15801-0000 Age 39YUnit # 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

## 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





## 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<sup>nd</sup> Ins: Select Blue ID#PHIZ179565U71

### 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  $1\frac{1}{2}$  in., lateral bending fingertip to floor to the right 24 in., to the left  $21\frac{1}{2}$  in. AROM hip flexion on the (L)  $85^{\circ}$  on the (R)  $90^{\circ}$ . Supine hip external rotation PROM on the (L)  $30^{\circ}$ , on the (R)  $65^{\circ}$ .

**STRENGTH:** Seated hip flexion on the (L) 4/5, S.I.R on the (L) - 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 nulls 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 L.I. by  $\frac{1}{2}$  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 S.I.R by at least 20° on the (L) to allow patient improved gait and activity tolerance.
5. Independent with I.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 L.I. ROM, decreased L.I. 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.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

DuBois Regional  
Medical Center

FAXED

PHYSICAL THERAPY DISCHARGE SUMMARY

Patient Name:

Paul SimanicReferral Date: 4-10-00

Physician:

Dr. BellomoDischarge 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 to sit least 4+/5 throughout  
Flexion to 90° from 0°

Goals/Functional Outcomes not Achieved at Discharge and Why?

None

Education and Home Exercise Program:

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

Employment Status at Discharge:

Patient to return to work

Comments:

Plan:

Dis to (I) home programDone in office PT  
Therapist Name5-4-00  
Dte

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): S.R. 6001: north

DATE & TIME OF ACCIDENT/INJURY 4-2-00 5:35 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: ORMC 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

1-800-229-3272

EXT. 6949

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

432-8-2696

Daily Progress Note

Patient Name Simone Paul

(10)

5/3/00

7:00 - 7:30 am.

: Pt reports basically no pain. Confident with exercises and no specific difficulties in any activities.

: Pt performed prone opposite arm/leg lifts, prone scapular elevation 5#, seated knee ext and abdominal curls on exercise ball x 10 minutes. Patient seen for hamstring stretch 3 min. Strength SLR/l.h.p flexion (L) 4+ to 5/5, hip extension (L) 4+15 Paraspinals 4+15 (R), Forward bend fingertip to floor 2 1/2". Pt performed the - ex regimen per gym sheet 13 mins.

+: All goals met. Doing well

:: Dis to  $\oplus$  HEP

Sign on Outpatient 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 fd to at least 4/5 throughout  
Lumbos LE ROM fd

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. Satch PT  
Therapist Name

5-4-00  
Date

Name Paul Simanic Date of Birth 6-6-60

SIMANIC, PAUL

5/8/00

## 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

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

27

A circular postmark from New York, NY, dated Dec 9 1968, with a rectangular stamp below it reading U.S. POSTAGE 8¢.

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

DAIS 779 161432010 1602 10 12/12/03  
FORWARD TIME EXP RTN TO SEND  
DAISHER 20 JONES ST #4  
STONEBORO PA 16153-2538

RETURN TO SENDER

16143+072449-3506 053-9-3

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

12:15 PM

William A. Shaw  
Prothonotary

no court  
copy or Disc to C/A.

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

PAUL SIMANIC,

No.: 2002 - 449 - CD

Plaintiff,

vs.

MELINDA DAISHER,

Defendant.

**PRAECIPE FOR DISCONTINUANCE**

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

Respectfully submitted,

Thomas J. Sibert, Jr.

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.  
**Melinda Daisher**

**No. 2002-00449-CD**

**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.

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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. Mohney, 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*  
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

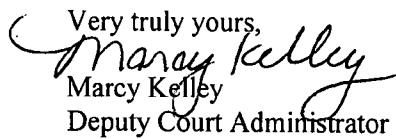
RE: PAUL SIMANIC  
vs.  
MELINDA DAISHER  
No. 02-449-CD

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 as Arbitrators:

Laurance B. Seaman, Esquire, Chairman  
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