

Terry Ashley, Ph.D.
3375 North 55th Street
Milwaukee, WI 53216-3184
414-442-9420

March 5, 2002

Office of the City Clerk
City of Milwaukee
200 E. Wells Street, Rm 205
Milwaukee, WI 53202-3567
Attn: Claims

Claim #01-L-124
Attorney Steve Carini

CITY OF MILWAUKEE
02 MAR -6 PM 2:21
CITY CLERK

Dear City Clerk:

In accordance with my letter of August 20, 2001, which filed a claim against the City of Milwaukee regarding injuries that were sustained by Terry Ashley, this correspondence specifies the compensatory claim sought for these injuries by claimant.

As required by Section 893.80(1), Wis. Stats., a claim was filed against the City of Milwaukee for injuries sustained on April 24, 2001 by the claimant, Terry Ashley of 3375 North 55th Street, Milwaukee, WI 53216.

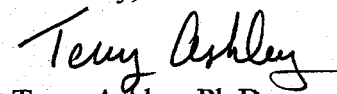
The special charges that Mr. Ashley is seeking a monetary claim for are listed in exhibit A. These special charges consist of prescription charges, therapy treatment charges, doctors visits and related medical treatment and product charges, parking displacement charges, lost work time, and administrative charges. Exhibits B through F display information concerning the special charges. Compensation for pain and suffering also is specified in Exhibit A.

Subrogation papers have been filed with CompCareBlue relating to the medical expenses.

Medical records reporting the medical condition of the claimant relating to injuries are provided in Exhibit G.

A daytime contact telephone number is 414-297-3254. Thank you.

Sincerely,


Terry Ashley, Ph.D.

cc: File #Milw Injury 3/4/02[Settlement Request]

CITY OF MILWAUKEE
02 MAR -6 PM 12:51
RONALD D. LEONHARDT
CITY CLERK

<u>Category</u>	<u>Date/Description</u>	<u>Charges</u>
Medical & Related Expenses		
Exhibit B	10/25/01 - order for dress orthotics	\$115.00
Exhibit C	6/9/01 - prescriptions - Vioxx	10.00
" "	" - Ranitidine	5.00
" "	7/30/01 - prescriptions - Naproxen	5.00
" "	9/11/01 " "	5.00
" "	9/11/01 " "	5.00
Exhibit D	4/25/01 - Office visit Dr. S. Doss	5.00
" "	5/23/01 - X-Ray Dr. W. Smullen	1,895.75
" "	6/9/01 - X-Ray Dr. W. Smullen	381.00
" "	7/20/01 - Nuclear Medicine Image Dr. K. Kluessendorf	857.75
" "	7/30/01 - Office visit Dr. D. Kornreich	5.00
" "	8/31/01 - Office visit Dr. D. Kornreich	5.00
" "	10/1/01 - Physical Therapy St. Joseph	298.00
" "	10/16/01 - Physical Therapy St. Joseph	178.50
" "	10/19/01 - Physical Therapy St. Joseph	178.50
" "	10/22/01 - Physical Therapy St. Joseph	178.50
" "	10/26/01 - Physical Therapy St. Joseph	453.00
" "	10/30/01 - Physical Therapy St. Joseph	185.25
" "	11/1/01 - Physical Therapy St. Joseph	178.50
" "	11/20/01 - Physical Therapy St. Joseph	<u>178.50</u>
	Sub-total Medical	4,944.75

Parking Displacement Charges 3453.15

From 4/25/01 to present, parking has been at Grand Avenue Mall as oppose to the surface parking lot at 4th and Juneau and at the free curb side parking. For 2001, weekly parking expenses have increased from \$6 for parking to \$20 for the Mall parking structure. In 2002, parking rates increased to \$25 a week versus \$8 a week at surface parking lot. Looking at the present value of five years of parking expenses, parking displacement=\$3,453.15

This is based on the following;

$$[(\$14 \times 30) / 1.03^0] + [(\$17 \times 48) / 1.03^1] + [(\$17 \times 30) / 1.03^2] + [(\$17 \times 30) / 1.03^3] + [(\$17 \times 30) / 1.03^4]$$
 formula = $\sum [(\$Dif \times wks) / (1 + \text{discount rate})^{(\text{year}-1)}]$

Exhibit A - continued

Lost Work Time Exhibit E	Work hours lost due to visits for doctors' appointment, x-ray, and physical therapy sessions. Total hours lost 31 @ \$30.92.	\$958.52
Administrative Charges Exhibit F	Medical records Copy fees Copy fees for final mailing materials for claim. (40 pages)	35.00 4.00
Pain and Suffering	Although the injury did not cause the physical condition of the right and left ankles, the injuries continue to contribute to ambulatory distress when prolong walking or running is untaken. The injuries constrain the opportunity for family outings such as going to the city festival events, the zoo, state fairs, etc., as well as imposing additional discomfort when engaging in yard work. Side effects from prescription (Naproxen) has cause claimant to discontinue its use. Request for pain and suffering is equivalent to one year of the claimant's annual salary as an economist for IRS as of 12/31/01, \$64,537.00.	64,537.00
Total compensatory claim		\$73,932.42

The claimant request payments of \$73,932.42.

Signature of Claimant

Terry Ashley

Date

3/5/02

Exhibit B

10-26-01

Account #0001520

Ann Schmidt, P.T.

St. Joseph Hospital

5000 W. Chambers Street

Milwaukee, WI 53210

PAL Health Technologies, Inc.

Custom Orthotic Prescription Order Form

1805 Riverway Drive Pekin, IL 61554 1-800/447-0151 Fax# 309-347-3618

If the order form is incomplete, lab standards will apply.

Patient Name Terry Ashley

Age 47 Weight 170# Shoe Size 10 MUNS Heel Height 1/2"

Gender Male Shoe Styles dress shoes

Occupation ECONOMIST Activity for Orthotics standing, walking

Return casts (\$4.50 U.S. / \$6.89 CN) RUSH ORDER (\$18.00 U.S. / \$27.54 CN)

PO. # _____
 Account # _____

LAB USE ONLY	
PPD	AIR
L	R Only
Ship to PT.	_____
Charge	_____
AV	OE

Practitioner Phone 414-447-2708

- Check for address change
- This order is returned under Safe & Sound Warranty
- Please fabricate 2 different pair as indicated below
- Please fabricate 2 identical pair as indicated below
- Shoes enclosed (Return cost: \$4.50 U.S./\$6.89 CN)

Product Selection

A. Sports Line:

- System 3.0
 - R SR (STD) SF
- ProTech Fit (Polypropylene)
 - 1/8" (STD) 3/16"
- Marathotic (Polyethylene)
- TL 2100
 - Action Tuff

B. Dress Line:

Women's System 3.0 Dress-Pump/Flat:

Flats and Heels up to 1 1/2"
 R SR (STD) SF

Steppin' Out (Polypropylene)

Women's System 3.0 Dress-High Heel:

Must be worn in heels over 1 1/2"
 SR SF (STD)

Heel Cup Flat Heel

Men's System 3.0 Dress:

R SR (STD) SF

C. Accommodative Line:

Enhanced Fit (Polypropylene)

D. Leisure Line:

Pedestrian (Polyethylene)

E. Pediatric Line:

Roberts Whitman

Heel Stabilizer

A B C D E

Orthotic Instructions

WIDTH

- Narrow (STD for dress)
- Normal (STD for all others)
- Wider than Normal (young children for growth or splaying during weight bearing)

FOREFOOT POSTING

- No forefoot posting/no forefoot correction
- According to cast (STD)
- According to cast/measurement for reference only
- According to measurement below
- Left: $^{\circ}$ Varus _____ $^{\circ}$ Valgus _____
- Right: $^{\circ}$ Varus _____ $^{\circ}$ Valgus _____

REARFOOT POSTING

- Omit rearfoot posting
- 0° inverted/ 0° motion
- 4° inverted/ 4° motion (STD)
- According to measurements below
- Left: $^{\circ}$ Varus _____ with _____ $^{\circ}$ Motion
- Right: $^{\circ}$ Varus _____ with _____ $^{\circ}$ Motion

- Intrinsic Not available on: Pedestrian Enhanced Fit or TL2100
- Extrinsic

Extensions

MATERIAL

- Pro-Lite
- PPT
- Spenco

LENGTH

- Forefoot blend to end of toes (STD)
- Forefoot blend to sulcus Cover orthotic to sulcus
- Cover orthotic to end of toes Cover orthotic only

POCKET FOR LESIONS

- None (STD) As marked on cast
- By location/description below

Specialties

Heel Cushion with Center Pocket



L R

Heel Cushion Only



L R

Horseshoe Heel Cushion



L R

Heel Cushion Accom. as marked

L R

Korex Heel Lift L _____ inch R _____ inch

Metatarsal Pad



L R

Morton's Extension



L R

Gentle Heel Insert Not available on TL 2100 (Accommodation in center of heel - must have extrinsic rearfoot post)



L R

Arch Fill

Pro-Lite (STD) Korex

L R

2001 Accom. as marked (Forefoot only)



L R

Shaffer Medial (PAL recommends this for severe pronation & splaying)

L R

1st Ray Cut Out in Shell



L R

Hard Black Rubber Rearfoot Post

L R

Deep Heel Cup

L R

Not available on System 3.0 or TL2100 Products

SPECIAL INSTRUCTIONS

Enclosed is a money order for \$115 for the men's dress orthotics. Please send orthotics & invoice to me: Ann Schmidt, P.T. 5000 W. Chamber St Milwaukee, WI. 53210

at St Joseph's Hospital

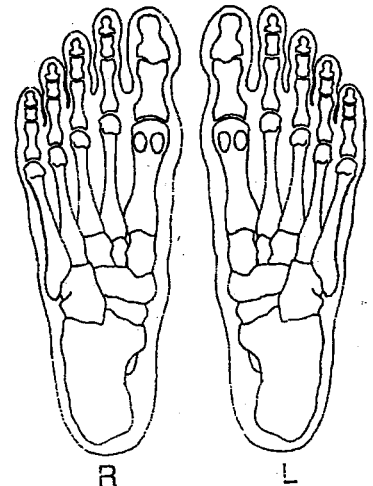
Please Send Me The Following Supplies:

- Catalog
- Order Form
- Prepaid Mailing Labels
- Regular Mailing Labels
- Shipping Boxes
- Repair/Refurbishment Order Forms
- Airborne Express "Incoming" Labels

TOUGH CASES?

- Severe Pronation
- Tibialis Anterior Dysfunction
- Lateral Ankle Instability
- Drop Foot

ANSWER: RICHIE BRACE
Call 1-800-447-0151 for details



MASTER SHEET

Covenant
Rehabilitation Services

REHABILITATION PRESCRIPTION

PATIENT NAME	<i>Terry Ashley</i>	DATE OF BIRTH	
DIAGNOSIS	<i>B/c Post Polio + Tabularium DTR.</i>		

DATE *8/3/01*

PRESCRIPTION

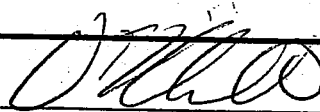
- EVALUATE AND CALL TO DISCUSS TREATMENT
- EVALUATE AND IMPLEMENT TREATMENT
- OTHER

B/c medical arch supports

PRECAUTIONS OR COMMENTS:

FORM 215X REV. 8/99

MD SIGNATURE



ASHLEY TERRY

DOB: 07/02/54 47Y SEX: M MR: 917111

KORNREICH DAVID B

ACCT#: 70510360



5000 W. Chambers St. - Milwaukee, WI 53210-1688

A MEMBER OF *Covenant* HEALTHCARE

Covenant Healthcare is sponsored by the
Wheaton Franciscan and Pelician Sisters

MASTER SHEET

FORM 3889 04/2001 R2

PATIENT LABELS MUST BE PLACED
ON ALL PAGES (PARTS) - SIDES - OR
FOLD-OUT (PANELS) THAT THIS
BOX APPEARS ON.

AGENT

ISSUER

Travelers Express Money Order



CREDIT UNION

347 2153 644

REFER TO THIS NUMBER FOR PROMPT SERVICE

DATE 10-25-01
PURCHASER'S RECEIPT

PAY TO THE ORDER OF

PAL Health Technologies, Inc

NON-NEGOTIABLE

AMOUNT

THIRTY SEVEN THOUSAND FIVE HUNDRED DOLLARS

DOLLARS

TERMS: PLEASE READ THE TERMS OF THIS MONEY ORDER ON THE REVERSE SIDE.

Tony Palko 3375 N. 55th, 53210

Exhibit C

Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist.

Prescriptions can be refilled using our touch tone telephone system or via our web site at www.walgreens.com.

STANDARD BROWN CAPSULE

Side 1: CD 129

Rx Only

RANITIDINE 150MG CAPSULES
QTY 60
2 REFILLS BEFORE 06/05/02
MFG PAR
USE BEFORE 06/09/02
TLG/JRO

Walgreens
7600 W CAPITOL MILWAUKEE, WI 53222

DR. E. CONTRADSON
DATE 06/09/01

PH (414)464-4601

The Pharmacy America Trusts

NO 1525130-04537
TERRY ASHLEY
3375 N 55 TH ST MILWAUKEE, WI 53216
TAKE ONE TABLET BY MOUTH TWICE DAILY



Empty rectangular boxes for patient information.

PH (414)464-4601
PATIENT PH (414)442-9420

NDC 49884-0647-02
MFG PAR

7600 W CAPITOL MILWAUKEE, WI 53222

PATIENT PH (414)442-9420

TERRY ASHLEY
3375 N 55 TH ST
MILWAUKEE, WI 53216
NO 1525130-04537 DATE 06/09/01
RANITIDINE 150MG CAPSULES

QTY 60
2 REFILLS BEFORE 06/05/02

\$5.00

NEW
DR. E. CONTRADSON

TLG/JRO CLAIM REF# 15251301600726
PLAN WIBC RECIP# 39360591002

Walgreens Customer Receipt

Health
ake to not

pe cts s or ss

the

Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist.

Read The Patient Information Leaflet That Came With This Medicine

Empty rectangular boxes for patient information.

PH (414)464-4601
PATIENT PH (414)442-9420

NDC 00006-0110-68
MFG MERCK

7600 W CAPITOL MILWAUKEE, WI 53222

PATIENT PH (414)442-9420

TERRY ASHLEY
3375 N 55 TH ST
MILWAUKEE, WI 53216
NO 1525129-04537 DATE 06/09/01
VIOXX 25MG TABLETS

QTY 30
2 REFILLS BEFORE 06/05/02

\$10.00

NEW
DR. E. CONTRADSON

TLG/JRO CLAIM REF# 15251291600716
PLAN WIBC RECIP# 39360591002

Walgreens Customer Receipt

Health
ake to not

pe cts s or ss

the

Do Not Take Aspirin Or Aspirin
Containing Products Without Knowledge
And Consent Of Your Physician.

CAUTION: Do Not Take With Alcohol Or
Nonprescription Drugs Without
Consulting Your Doctor.

7600 W. CAPITOL MILWAUKEE, WI 53222

TERRY ASHLEY

3378 N 55 TH ST
MILWAUKEE, WI 53216

NO. 1547482-04537 DATE 11/06/01

QTY 60 1 REFILL BEFORE 07/30/02

REFILL

MLB/DEN

PLAN W/BC

RECIP# 39360591002

PH (414)464-4601
PATIENT PH (414)442-9420

NDC 00378-0451-05
MFG MYLAN

\$5.00

DR. J. MLSNA
CLAIM REF# 15474823101840

Walgreens Customer Receipt

PATIENT PH (414)464-4601
MFG MYLAN (414)442-9420

800 W CAPITOL MILWAUKEE, WI 53222
TERRY ASHLEY

3375 N 55 TH ST
MILWAUKEE, WI 53218
NO 1566816-04537 DATE 09/11/01
NAPROXEN 500MG TABLETS
QTY 60 2 REFILLS BEFORE 08/31/02
NEW

\$5.00

SLJ/TLC
PLAN WIBC
RECIP# 39360591002

CLAIM REF# 15668162541345
DR D. KORNEBEICH

Walgreens Customer Receipt

— 5

PATIENT PH (414)464-4601
MFG MYLAN (414)442-9420

7600 W CAPITOL MILWAUKEE, WI 53222
TERRY ASHLEY

3375 N 55 TH ST
MILWAUKEE, WI 53218
NO 1547482-04537 DATE 07/30/01
NAPROXEN 500MG TABLETS
QTY 60 2 REFILLS BEFORE 07/30/02
NEW

\$5.00

SLJ/JRL
PLAN WIBC
RECIP# 39360591002

CLAIM REF# 1547482211818
DR J. MILSNA

Walgreens Customer Receipt

— 5

Do Not Take Aspirin Or Aspirin
Containing Products Without Knowledge
And Consent Of Your Physician.

CAUTION: Do Not Take With Alcohol Or
Narcotics Without Consulting Your Doctor.

Exhibit D

ST JOSEPHS HOSPITAL
 BOX 68-9510
 MILWAUKEE, WI 53268-9510
 Statement on: 01/15/02 at 11:32 AM

PAGE: 1

Guarantor: ASHLEY TERRY
 3375 N 55 ST
 MILWAUKEE, WI 53216-0000

Patient: ASHLEY TERRY
 Visit #: 70448831

Date	Svc Code	Description	Units	Debits	Credits
06/09/01	25890	ANA (ANTINUCLEAR AB) SC	1	36.75	
06/09/01	36770	ELBOW LT 2 VIEWS	1	166.25	
06/09/01	36786	ELBOW RT 2 VIEWS	1	166.25	
06/09/01	38076	ANKLE LT 3+ VIEWS	1	190.50	
06/09/01	38081	ANKLE RT 3+ VIEWS	1	190.50	
06/09/01	58910	LIPID PANEL (CORONARY	1	107.00	
06/09/01	61587	RHEUMATOID ARTHRITIS	1	49.50	
06/09/01	65162	HEMOGRAM	1	53.75	
06/09/01	65309	DIFFERENTIAL	1	35.25	
06/09/01	65602	SEDIMENTATION RATE-WE	1	37.25	
06/09/01	67987	PROSTATE SPEC AG-DIAG	1	143.00	
06/09/01	69209	URINE PH/SPECIFIC GRA	1	19.00	
06/09/01	124259	SPECIMEN-VENIPUNCTURE	1	25.25	
06/09/01	124270	URINALYSIS MICROSCOPI	1	30.75	
06/09/01	143239	METABOLIC PANEL-COMPR	1	70.25	
06/20/01	9848164	ALLOW COMPCARE	-1		330.31-
07/16/01	9900402	PAY BLUE CROSS	-1		990.94-
* - Not posted				Balance:	0.00

ST JOSEPHS HOSPITAL
 BOX 68-9510
 MILWAUKEE, WI 53268-9510
 Statement on: 01/15/02 at 11:33 AM

PAGE: 1

Guarantor: ASHLEY TERRY
 3375 N 55 ST
 MILWAUKEE, WI 53216-0000

Patient: ASHLEY TERRY
 Visit #: 70470159

Date	Svc Code	Description	Units	Debits	Credits
07/20/01	54648	NM TC-99M MDP	1	93.50	
07/20/01	74245	NM BONE IMAG THREE PH	1	764.25	
08/06/01	9848164	ALLOW COMPCARE	-1		214.44-
09/10/01	9849695	INTEREST	1	0.85	
09/10/01	9900402	PAY BLUE CROSS	-1		644.16-
* - Not posted				- Balance:	0.00

ST JOSEPHS HOSPITAL
 BOX 68-9510
 MILWAUKEE, WI 53268-9510
 Statement on: 01/15/02 at 11:33 AM

PAGE: 1

Guarantor: ASHLEY TERRY
 3375 N 55 ST
 MILWAUKEE, WI 53216-0000

Patient: ASHLEY TERRY
 Visit #: 70510360
 AR Seg: 10/01/01 to 10/31/01

Date	Svc Code	Description	Units	Debits	Credits
10/01/01	128515	PT EVALUATION/UNIT	4	298.00	
10/16/01	111350	PT THERAPEUTIC EXER/U	2	178.50	
10/19/01	111350	PT THERAPEUTIC EXER/U	2	178.50	
10/22/01	111350	PT THERAPEUTIC EXER/U	2	178.50	
10/26/01	111350	PT THERAPEUTIC EXER/U	5	446.25	
10/26/01	111585	PT SPEC MED SUP C0-5	1	6.75	
10/30/01	111350	PT THERAPEUTIC EXER/U	2	178.50	
10/30/01	111585	PT SPEC MED SUP C0-5	1	6.75	
11/05/01	9848164	ALLOW COMPCARE	-1		367.92-
12/06/01	9900402	PAY BLUE CROSS	-1		1103.81-
12/12/01	9848164	ALLOW COMPCARE	-1		0.02-

* - Not posted

Balance: 0.00

ST JOSEPHS HOSPITAL

PAGE: 1

BOX 68-9510

MILWAUKEE, WI 53268-9510

Statement on: 01/15/02 at 11:33 AM

Guarantor: ASHLEY TERRY
 3375 N 55 ST
 MILWAUKEE, WI 53216-0000

Patient: ASHLEY TERRY
 Visit #: 70510360
 AR Seg: 11/01/01 to 11/30/01

Date	Svc Code	Description	Units	Debits	Credits
11/01/01	111350	PT THERAPEUTIC EXER/U	2	178.50	
11/20/01	111350	PT THERAPEUTIC EXER/U	2	178.50	
12/04/01	9848164	ALLOW COMPCARE	-1		89.24-
01/10/02 *	9900402	PAY BLUE CROSS	1		268.19-
* - Not posted				Balance:	0.43-

Exhibit E

EMPLOYEE TIME REPORT

1. ASSIGNED ORGANIZATION CODE
 0 1 2 0 1 5

2. SOCIAL SECURITY NUMBER
 399-58-3957

3. FIRST AND SECOND INITIAL AND LAST NAME
 TXASHLEY

4. WEEK ENDING SATURDAY (MMDDYY)
 4/28/01

PP 8 (1ST WEEK)

5. SUPPLR. PHONE#
 651-312-7777
 PAGE 1 OF 2

SECT NUM.	DETAILED ORGN. CODE (A)	FUNC. TION CODE (B)	PROGRAM CODE (C)	TIME CODE (D)	DAY OF WEEK (E)							TOTAL HRS. (F)	SEC. NUM.	TOTAL VOLUME (G)	PER. CD. (H)						
					SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY										
02	Regular Time	800	1	1	1	1	1	1	1	1	1	34	0	02							
03	Credit Hours Worked	800	1	1	1	1	1	1	1	1	1	0	0	03							
04	Comp Time Worked	800	1	1	1	1	1	1	1	1	1	0	0	04							
05	Regular Overtime	800	1	1	1	1	1	1	1	1	1	0	0	05							
06	Night Differential/Other	800	1	1	1	1	1	1	1	1	1	0	0	06							
07	Legal Holiday Worked	800	1	1	1	1	1	1	1	1	1	0	0	07							
08	Annual Leave	990	5	9	5	0	1					2	0	08							
09	Sick Leave	990	5	9	5	0	2					4	0	09							
10	Holiday Leave	990	5	9	5	0	3					0	0	10							
11	Administrative Leave	990	5	9	5	0	4					0	0	11							
12	Severe Weather Closing	990	5	9	5	1	0					0	0	12							
13	Comp Time Taken	990	5	9	8	2	1					0	0	13							
14	Credit Hours Taken	990	5	9	8	3	1					0	0	14							
15	FEDA	990	5	9	5	0	5					0	0	15							
16	Military Leave	990	5	9	5	0	6					0	0	16							
17	Restored Annual Leave	990	5	9	5	0	7					0	0	17							
18	Leave Bank/Hours	990	5	8	5	0	9					0	0	18							
19	FMLA Annual Leave	990	5	9	5	2	1					0	0	19							
20	FEETLA Sick Leave	990	5	9	5	2	8					0	0	20							
TOTAL HOURS					Regular Hours							Other Hours									

*Time Codes
 1. Regular
 5. Sunday Differential

3. Night Differential
 6. Sunday Night Differential

2. Overtime
 4. Compensatory Overtime
 7. Legal Holiday Worked

8. Night Overtime Differential
 9. Credit Hours Worked under Alternate Work Schedule)

EMPLOYEE TIME REPORT

1. ASSIGNED ORGANIZATION CODE
 0 1 2 0 5

2. SOCIAL SECURITY NUMBER
 399-58-3957

3. FIRST AND SECOND INITIAL AND LAST NAME
 TX ASHLEY

4. WEEK ENDING SATURDAY (MMDDYY)
 5/26/01

PP 10 (1ST WEEK)

5. SUPV. PHONE#
 651-312-7777

PAGE 1 OF 2

SECT NLM	DETAILED ORGNL CODE (A)	FUNC-TION CODE (B)	PROGRAM CODE (C)	TIME CODE (D)	DAY OF WEEK (E)							TOTAL HRS. (F)	SEC. NUM	TOTAL VOLUME (G)	PER. CD.				
					SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY								
					HRS.	10th	HRS.	10th	HRS.	10th	HRS.	10th	HRS.	10th	HRS.	10th	Hrs.	10th	
02	Regular Time	800	1 1 1 1 1	1			8		8				8				27	0	02
03	Credit Hours Worked	800	1 1 1 1 1	9													0	0	03
04	Comp Time Worked	800	1 1 1 1 1	4													0	0	04
05	Regular Overtime	800	1 1 1 1 1	2													0	0	05
06	Night Differential Otime	800	1 1 1 1 1	8													0	0	06
07	Legal Holiday Worked	800	1 1 1 1 1	7													0	0	07
08	Annual Leave	800	5 9 5 0 1	1													5	0	08
09	Sick Leave	990	5 9 5 0 2	1													0	0	09
10	Holiday Leave	990	5 9 5 0 3	1													0	0	10
11	Administrative Leave	990	5 9 5 0 4	1													0	0	11
12	Severe Weather Closings	990	5 9 5 1 0	1													0	0	12
13	Camp Time Taken	990	5 9 8 2 1	1													0	0	13
14	Credit Hours Taken	990	5 9 8 3 1	1													0	0	14
15	FECA	990	5 9 5 0 5	1													0	0	15
16	Military Leave	990	5 9 5 0 6	1													0	0	16
17	Revised Annual Leave	990	5 9 5 0 7	1													0	0	17
18	Leave Bank/STRA	990	5 8 5 0 9	1													0	0	18
19	FMLA/Annual Leave	990	5 9 5 2 1	1													0	0	19
20	FERRA/Sick Leave	990	5 9 5 2 8	1													0	0	20
TOTAL HOURS					0	0	8	0	8	0	8	0	8	0	8	0	40	0	

*Time Codes
 1. Regular
 5. Sunday Differential
 3. Night Differential
 6. Sunday Night Differential
 2. Overtime
 4. Compensatory Overtime
 7. Legal Holiday Worked
 8. Night Overtime Differential
 9. Credit Hours (worked under Alternate Work Schedule)

FORM 3081 (COPPER 588) C.A. No. 218188 DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

EMPLOYEE TIME REPORT

1. ASSIGNED ORGANIZATION CODE: 011205
 2. SOCIAL SECURITY NUMBER: 399-58-3957
 3. FIRST AND SECOND INITIAL AND LAST NAME: TX ASHLEY
 4. WEEK ENDING SATURDAY (MMDDYY): 7/21/01
 5. SUPERV. PHONER: 651-312-7777
 PP 14 (1ST WEEK)
 PAGE 1 OF 2

SECT NIM	DETAILED ORGN. CODE	FINC-TION CODE	PROGRAM CODE	TIME CODE	DAY OF WEEK							TOTAL HRS.	SEC. NIM	TOTAL VOLUME	PER. CD.		
					SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY						
02	Regular Time	800	1 1 1 1 1	1								28	02				
03	Credit Hours Worked	800	1 1 1 1 1	9								0	03				
04	Comp. Time Worked	800	1 1 1 1 1	4								0	04				
05	Regular Overtime	800	1 1 1 1 1	2								0	05				
06	Night Differential Otime	800	1 1 1 1 1	8								0	06				
07	Legal Holiday Worked	800	1 1 1 1 1	7								0	07				
08	Annual Leave	990	5 9 5 0 1	1								8	08				
09	Sick Leave	990	5 9 5 0 2	1								4	09				
10	Holiday Leave	990	5 9 5 0 3	1								0	10				
11	Administrative Leave	990	5 9 5 0 4	1								0	11				
12	Severe Weather Closing	990	5 9 5 1 0	1								0	12				
13	Camp Time Taken	990	5 9 8 2 1	1								0	13				
14	Credit Hours Taken	990	5 9 8 3 1	1								0	14				
15	FECA	990	5 9 5 0 5	1								0	15				
16	Military Leave	990	5 9 5 0 6	1								0	16				
17	Restored Annual Leave	990	5 9 5 0 7	1								0	17				
18	Leave Bank/Shifts	990	5 8 5 0 9	1								0	18				
19	FMLA/Annual Leave	990	5 9 5 2 1	1								0	19				
20	FEFLA/Sick Leave	990	5 9 5 2 8	1								0	20				
TOTAL HOURS						0	0	8	0	8	0	8	0	8	0	40	

1. Regular
 2. Overtime
 3. Night Differential
 4. Compensatory Overtime
 5. Sunday Differential
 6. Sunday Night Differential
 7. Legal Holiday Worked
 8. Night Overtime Differential
 9. Credit Hours (Worked under Alternate Work Schedule)

EMPLOYEE TIME REPORT

1. ASSIGNED ORGANIZATION CODE: 01205
 2. SOCIAL SECURITY NUMBER: 399-58-3957
 3. FIRST AND SECOND INITIAL AND LAST NAME: TX ASHLEY
 4. WEEK ENDING SATURDAY (MMDDYY): 10/6/01
 5. SUPV. PHONE# 651-312-7777
 PAGE 1 OF 2

SECT NUM.	DETAILED ORGAN. CODE (A)	FUNC-TION CODE (B)	PROGRAM CODE (C)	TIME CODE (D)	DAY OF WEEK (E)							TOTAL (F) Hrs. 10h	SEC. NUM.	TOTAL VOLUME (G)	
					SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY				
02	Regular Time	800	1 1 1 1 1	1		6	8	8	8	8	8	38	02		
03	Credit Hours Worked	800	1 1 1 1 1	9								0	03		
04	Comp Time Worked	800	1 1 1 1 1	4								0	04		
05	Regular Overtime	800	1 1 1 1 1	2								0	05		
06	Night Differential Overtime	800	1 1 1 1 1	8								0	06		
07	Legal Holiday Worked	800	1 1 1 1 1	7								0	07		
08	Annual Leave	990	5 9 5 0 1	1								0	08		
09	Sick Leave	990	5 9 5 0 2	1								2	09		
10	Holiday Leave	990	5 9 5 0 3	1								0	10		
11	Administrative Leave	990	5 9 5 0 4	1								0	11		
12	Sever's Weather Closing	990	5 9 5 1 0	1								0	12		
13	Comp Time Taken	990	5 9 8 2 1	1								0	13		
14	Credit Hours Taken	990	5 9 8 3 1	1								0	14		
15	FECA	990	5 9 5 0 5	1								0	15		
16	Military Leave	990	5 9 5 0 6	1								0	16		
17	Restored Annual Leave	990	5 9 5 0 7	1								0	17		
18	Leave Bank/Ship	990	5 8 5 0 9	1								0	18		
19	FMLA/Annual Leave	990	5 9 5 2 1	1								0	19		
20	FEFLA/Sick Leave	990	5 9 5 2 8	1								0	20		
TOTAL HOURS						0	8	0	8	0	8	0	0	40	

FORM 3081 (Coffee 5-89) Cal. No. 218189 DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

*Time Codes
 1. Regular
 5. Sunday Differential
 3. Night Differential
 6. Sunday Night Differential
 2. Overtime
 4. Compensatory Overtime
 7. Legal Holiday Worked
 8. Night Overtime Differential
 9. Credit Hours (worked under Alternate Work Schedule)

EMPLOYEE TIME REPORT

1. ASSIGNED ORGANIZATION CODE: 011205
 2. SOCIAL SECURITY NUMBER: 399-58-3957
 3. FIRST AND SECOND INITIAL AND LAST NAME: TX ASHLEY
 4. WEEK ENDING SATURDAY (MMDDYY): 10/20/01
 5. SUPER. PHONE# PP-20 (2ND WEEK): 651-312-7777
 PAGE 1 OF 2

SECT ORG. CODE	DETAILED CODE (A)	FUNG. CODE (B)	PROGRAM CODE (C)	TIME CODE (D)	DAY OF WEEK (E)							TOTAL HRS. (F)	SEC. NUM	TOTAL VOLUME (G)	PER. CD. (H)			
					SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY							
02	Regular Time	800	1 1 1 1 1	1									36	03				
03	Credit Hours Worked	800	1 1 1 1 1	9									0	03				
04	Comp. Time Worked	800	1 1 1 1 1	4									0	04				
05	Regular Overtime	800	1 1 1 1 1	2									0	05				
06	Night Differential/Other	800	1 1 1 1 1	8									0	06				
07	Legal Holiday Worked	800	1 1 1 1 1	7									0	07				
08	Alternate Leave	990	5 9 5 0 2	1									4	08				
09	Sick Leave	990	5 9 5 0 2	1									4	09				
10	Holiday Leave	990	5 9 5 0 3	1									0	10				
11	Administrative Leave	990	5 9 5 0 4	1									0	11				
12	Spouse Maternity/Disability	990	5 9 5 1 0	1									0	12				
13	Comp Time Taken	990	5 9 8 2 1	1									0	13				
14	Credit Hours Taken	990	5 9 8 3 1	1									0	14				
15	FECA	990	5 9 5 0 5	1									0	15				
16	Military Leave	990	5 9 5 0 6	1									0	16				
17	Restored Annual Leave	990	5 9 5 0 7	1									0	17				
18	Leave Bank/Short	990	5 8 5 0 9	1									0	18				
19	FMLA/Annual Leave	990	5 9 5 2 1	1									0	19				
20	FEFCA/Stock Take	990	5 9 5 2 8	1									0	20				
TOTAL HOURS						0	0	8	0	8	0	8	0	8	0	0	40	

FORM 3081 (Rev. 5-86) CM No. 218108 DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

*Time Codes: 1. Regular, 2. Overtime, 3. Night Differential, 4. Compensatory Overtime, 5. Sunday Differential, 6. Sunday Night Differential, 7. Legal Holiday Worked, 8. Night Overtime Differential, 9. Credit Hours (worked under Alternate Work Schedule)

EMPLOYEE TIME REPORT

1. ASSIGNED ORGANIZATION CODE
 0 1 2 0 5

2. SOCIAL SECURITY NUMBER
 399-68-3957

3. FIRST AND SECOND INITIAL AND LAST NAME
 TX ASHLEY

4. WEEK ENDING SATURDAY (MMDDYY)
 10/27/01

PP 21 (1ST WEEK)

5. SUPPL. PHONE#
 651-312-7777
 PAGE 1 OF 2

SECT NLM	DETAILED ORGAN. CODE (A)	FUNC-TION CODE (B)	PROGRAM CODE (C)	TIME CODE (D)	DAY OF WEEK (E)							TOTAL HRS. (F)	SEC. NLM	TOTAL VOLUME (G)	PER. CD. (H)
					SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY				
02	Regular Time	800	1 1 1 1 1 1 1	1								36	02		
03	Credit Hours Worked	800	1 1 1 1 1 1 1	9								0	03		
04	Comp Time Worked	800	1 1 1 1 1 1 1	4								0	04		
05	Regular Overtime	800	1 1 1 1 1 1 1	2								0	05		
06	Night Differential/Onine	800	1 1 1 1 1 1 1	8								0	06		
07	Legal Holiday Worked	800	1 1 1 1 1 1 1	7								0	07		
08	Annual Leave	990	5 9 5 0 1 1 1	1								0	08		
09	Sick Leave	990	5 9 5 0 2 1 1	1								4	09		
10	Holiday Leave	990	5 9 5 0 3 1 1	1								0	10		
11	Administrative Leave	990	5 9 5 0 4 1 1	1								0	11		
12	Severe Weather Closing	990	5 9 5 1 0 1 1	1								0	12		
13	Comp Time Taken	990	5 9 8 2 1 1 1	1								0	13		
14	Credit Hours Taken	990	5 9 8 3 1 1 1	1								0	14		
15	FECA	990	5 9 5 0 5 1 1	1								0	15		
16	Military Leave	990	5 9 5 0 6 1 1	1								0	16		
17	Restored Annual Leave	990	5 9 5 0 7 1 1	1								0	17		
18	Leave Bank/Share	990	5 8 5 0 9 1 1	1								0	18		
19	FMLA/Annual Leave	990	5 9 5 2 1 1 1	1								0	19		
20	FEFLA/Sick Leave	990	5 9 5 2 8 1 1	1								0	20		
TOTAL HOURS					0	0	0	0	0	0	0	40	0		

1. Regular
 5. Sunday Differential

2. Overtime
 4. Compensatory Overtime
 7. Legal Holiday Worked

3. Night Differential
 6. Sunday Night Differential

8. Night Overtime Differential
 9. Credit Hours (worked under Alternate Work Schedule)

EMPLOYEE TIME REPORT

1. ASSIGNED ORGANIZATION CODE
 0 1 2 0 5

2. SOCIAL SECURITY NUMBER
 399-58-3957

3. FIRST AND SECOND INITIAL AND LAST NAME
 TX ASHLEY

4. WEEK ENDING SATURDAY (MMDDYY)
 11/3/01

PP 21 (2ND WEEK)

5. SUPPLV. PHONE#
 651-312-7777

PAGE 1 OF 2

SECT NIM	DETAILED ORGAN. CODE (A)	FUNCTION CODE (B)	PROGRAM CODE (C)	TIME CODE (D)	DAY OF WEEK (E)							TOTAL HRS. (F)	SEC. NIM	TOTAL VOLUME (G)	PER. CD. (H)
					SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY				
02	Regular Time	800	1 1 1 1 1	1		8	6			8	28	02			
03	Credit Hours Worked	800	1 1 1 1 1	9							0	03			
04	Comp Time Worked	800	1 1 1 1 1	4							0	04			
05	Regular Overtime	800	1 1 1 1 1	2							0	05			
06	Night Differential Othrs	800	1 1 1 1 1	3							0	06			
07	Legal Holiday Worked	800	1 1 1 1 1	7							0	07			
08	Annual Leave	990	5 9 5 0 1	1							4	08			
09	Sick Leave	990	5 9 5 0 2	1							4	09			
10	Holiday Leave	990	5 9 5 0 3	1			2				0	10			
11	Administrative Leave	990	5 9 5 0 4	1							0	11			
12	Severe Weather Disting	990	5 9 5 1 0	1							0	12			
13	Camp Time Taken	990	5 9 8 2 1	1							0	13			
14	Credit Hours Taken	990	5 9 8 3 1	1							0	14			
15	FEDA	990	5 9 5 0 5	1							0	15			
16	Military Leave	990	5 9 5 0 6	1							0	16			
17	Retard Annual Leave	990	5 9 5 0 7	1							0	17			
18	Leave Without Pay	990	5 8 5 0 9	1							0	18			
19	FMLA Annual Leave	990	5 9 5 2 1	1							0	19			
20	FEDRA Sick Leave	990	5 9 5 2 3	1							0	20			
TOTAL HOURS						0	8	8	8	8	8	0	40		

***Time Codes**

1. Regular
 5. Sunday Differential

2. Overtime
 4. Compensatory Overtime
 7. Legal Holiday Worked

3. Night Differential
 6. Sunday Night Differential

8. Night Overtime Differential
 9. Credit Hours (worked under Alternate Work Schedule)

REGULAR HOURS

OTHER HOURS

FORM 3081 (collrev 5/89) C.R. No 218188 DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

EMPLOYEE TIME REPORT

1. ASSIGNED ORGANIZATION CODE: 011205

2. SOCIAL SECURITY NUMBER: 399-58-3957

3. FIRST AND SECOND INITIAL AND LAST NAME: TX ASHLEY

4. WEEK ENDING SATURDAY (MMDDYY): 11/24/01

PP 23 (1ST WEEK)

5. SUPPL. PHONE# 651-312-7777

PAGE 1 OF 2

SECT NUM	DETAILED ORGAN. CODE (A)	FUNCTION CODE (B)	PROGRAM CODE (C)	* TIME CODE (D)	DAY OF WEEK (E)							TOTAL HRS. (F)	SEC. NUM	TOTAL VOLUME (G)	PER. CO. (H)	
					SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY					
02	Regular Time	800	1 1 1 1 1	1								19	02			
03	Credit Hours Worked	800	1 1 1 1 1	9								0	03			
04	Camp Time Worked	800	1 1 1 1 1	4								0	04			
05	Regular Overtime	800	1 1 1 1 1	2								0	05			
06	Night Differential Overtime	800	1 1 1 1 1	8								0	06			
07	Legal Holiday Worked	800	1 1 1 1 1	7								0	07			
08	Annual Leave	990	5 9 5 0 1	1						8		9	08			
09	Sick Leave	990	5 9 5 0 2	1								4	09			
10	Holiday Leave	990	5 9 5 0 3	1						1		8	10			
11	Administrative Leave	990	5 9 5 0 4	1								0	11			
12	Severe Weather Closing	990	5 9 5 1 0	1								0	12			
13	Comp Time Taken	990	5 9 8 2 1	1								0	13			
14	Credit Hours Taken	990	5 9 8 3 1	1								0	14			
15	FECA	990	5 9 5 0 5	1								0	15			
16	Military Leave	990	5 9 5 0 6	1								0	16			
17	Restored Annual Leave	990	5 9 5 0 7	1								0	17			
18	Leave Bank/Share	990	5 8 5 0 9	1								0	18			
19	FMLA/Annual Leave	990	5 9 5 2 1	1								0	19			
20	FEFILA/Sick Leave	990	5 9 5 2 8	1								0	20			
TOTAL HOURS					0	0	8	0	8	0	8	0	8	0	0	40

*Time Codes

1. Regular
5. Sunday Differential

3. Night Differential
6. Sunday Night Differential

2. Overtime
4. Compensatory Overtime
7. Legal Holiday Worked

8. Night Overtime Differential
9. Credit Hours (worked under Alternate Work Schedule)

Exhibit F



A MEMBER OF *Covenant* HEALTHCARE

Covenant Healthcare is sponsored by
the Wheaton Franciscan and Felician Sisters.

February 1, 2002

ASHLEY TERRY
3375 N. 55TH STREET

MILWAUKEE, WI 53216

Enclosed is the information you requested on the following patient:

Patient: Terry Ashley
MR#: 91-71-11
Request Date: January 25, 2002
Request #: 2855
Invoice Date: February 1, 2002
Page Count: 18

The fee for photocopies is:	\$35.00
Sales Tax:	\$0.00
Total:	\$35.00

Amount Paid:	<u>\$0.00</u>
---------------------	----------------------

Balance Due:	\$35.00
---------------------	----------------

Please make checks payable to: St. Joseph's Hospital
TAX ID #: 39-0816857

To properly credit your account, please include the Request # with your remittance to:

St. Joseph's Hospital
Medical Record Department
5000 W. Chambers St.
Milwaukee, WI 53210

PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR REMITTANCE!

** If copies of itemized statements are needed, you must request them from St. Joseph's Hospital's Business Office; X-ray films may be requested from the Radiology Department.

Exhibit G

Functional Limits / Outcome Tool

Please look at the list in the shaded area and indicate how your condition has affected your daily life. Circle the number that best applies to your ability to function.

- 1 - No problem with activity
- 2 - Can do with some difficulty
- 3 - Can do with great difficulty
- 4 - Cannot do, due to present condition

Activity	Ability to Function	Limiting Factors
Sitting	① 2 3 4	
Standing	1 ② 3 4	prolonged standing is pain
Squatting	① 2 3 4	
Going Up or Down Stairs	1 ② 3 4	uses elevator whenever
Walking	1 ② 3 4	
Transferring Positions (Sitting to Standing, etc.)	① 2 3 4	
Sports / Recreation (Running, golfing, etc.)	① 2 3 4	
Driving A Vehicle	1 ② 3 4	
Lying Down	① 2 3 4	
Sleeping at Night	① 2 3 4	
Lifting / Carrying (Groceries, briefcase, etc.)	① 2 3 4	
Getting Dressed	① 2 3 4	
Daily Job Activities	① ② 3 4	
Housework / Yard work	1 ② 3 4	
Reaching (Overhead, behind back, etc.)	① 2 3 4	
Gripping	① 2 3 4	
Flexing or Extending Arm/Elbow	① 2 3 4	
Fine Hand Activity	① 2 3 4	

pt goals:
- pain management techniques
- walking, stairs

Goal Outcome: All goals met
 (As documented on initial eval.) Goals not met due to:

- Compliance
- Attendance
- Continued Pain

Further medical care
 Other: _____


Diagnosis: _____
 Site: _____
 Number of Visits: _____

Category: 1 2 3 4 5 6 7 8

Payor Source (Primary):

- HMO/PPO _____
- Medicare _____
- Traditional / Commercial _____
- Workers Comp _____
- Other _____

ASHLEY TERRY
 DOB: 07/02/54 47Y SEX: M MR: 917111
 KORREICH DAVID B
 RCCT#: _____



Dr. Kornreich -

We received your order for arch supports. This pt has residual deficits from ankle sprain & has pain management/strengthening issues. Please sign & return this script if interested in PT follow up on these issues. Thanks Emily

ASHLEY TERRY

DOB: 07/02/54 47Y SEX: M MR: 917111

KORNREICH DAVID B

RCCT#:

70510360



REHABILITATION PRESCRIPTION

DATE OF BIRTH

DATE

DIAGNOSIS

PRESCRIPTION

EVALUATE AND CALL TO DISCUSS TREATMENT

EVALUATE AND IMPLEMENT TREATMENT

OTHER - custom orthotics

- pain management

- ankle strengthening

PRECAUTIONS OR COMMENTS:

Functional Limits / Outcome Tool

Please look at the list in the shaded area and indicate how your condition has affected your daily life. Circle the number that best applies to your ability to function.

- 1 - No problem with activity
- 2 - Can do with some difficulty
- 3 - Can do with great difficulty
- 4 - Cannot do, due to present condition

Activity	Ability to Function	Limiting Factors
Sitting	① 2 3 4	
Standing	1 ② 3 4	prolonged standing is pain
Squatting	① 2 3 4	
Going Up or Down Stairs	1 ② 3 4	uses elevator whenever
Walking	1 ② 3 4	
Transferring Positions (Sitting to Standing, etc.)	① 2 3 4	
Sports / Recreation (Running, golfing, etc.)	① 2 3 4	
Driving A Vehicle	1 ② 3 4	
Lying Down	① 2 3 4	
Sleeping at Night	① 2 3 4	
Lifting / Carrying (Groceries, briefcase, etc.)	① 2 3 4	
Getting Dressed	① 2 3 4	
Daily Job Activities	① ② 3 4	
Housework / Yard work	1 ② 3 4	
Reaching (Overhead, behind back, etc.)	① 2 3 4	
Gripping	① 2 3 4	
Flexing or Extending Arm/Elbow	① 2 3 4	
Fine Hand Activity	① 2 3 4	

pt goals:
- pain management techniques
- walking, stairs

Goal Outcome: (As documented on initial eval.)
 All goals met *except 1*
 Goals not met due to:
 Compliance
 Attendance
 Continued Pain

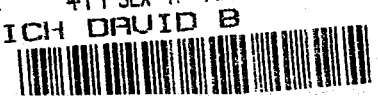
Further medical care
 Other: _____

Diagnosis: ③ pes planus & talo-navicular DJD
 Site: SJM

Category: 1 2 3 4 5 6 7 8

Number of Visits: 8

Payor Source (Primary):
 HMO/PPO
 Medicare
 Traditional / Commercial
 Workers Comp
 Other

ASHLEY TERRY
 DOB: 07/02/54 47Y SEX: M MR: 917111
 KORNREICH DAVID B
 RCCT#:


Diagnosis: (B) PDS PLANTARS

Next Physician Appointment

What is the best way for the patient to learn? Read Listen Pictures Demo Video Other

Potential Learning Barriers identified by staff: None

If barriers are identified, see Plan of Care on Initial Evaluation.

	Visit # <u>7</u>	Date <u>11-01-01</u>	Visit #	Date	Visit # <u>8</u>	Date <u>11-20-01</u>
STATUS	Reports pain dorsal (B) foot had somewhat subsided yesterday. States he did tol. walking good distance downtown (to 12 blocks)		Balance: SLS E eyes open: (L) ≥ 30 sec; (R) ≥ 30 sec. eyes closed: (L) 7 sec (R) 5 sec.		5 pain pills, pain = 4/10 (B) feet (med arches (B) to ventral aspect of feet) E pain pills, pain only 2/10	
TREATMENT AND EDUCATION	but 0% rom (B) foot (4-5/10) medial (B) foot into arch. - Reports discomfort has + since initial eval (30% better) - Pain levels are still higher E amb. longer distances. - Tol 20-25 stairs 3 probs. (but infreq.) AROM: ankle DF (L) (R) PF 10° -2° INV 48° 56° EVF 32° 33° Methods: 10°		Rx: instr. pt in toe curls (B) for HEP. Discussed cont. of HEP & extend 1 visit for instr. in orthotics & final review of HEP. (in zwks).		- Cut orthotics to fit in shoes. - Trial of amb E orthotics in shoes - fit appears appropriate E removing old soles. - Discussed cleaning, wearing into wear, etc.	
TREATMENT / OUTCOME RESPONSE	Educ. Response: (Key Below) Strength: DF (L) (R) PF 55 55 INV ↓ ↓ EVF ↓ ↓ Gait: NO deviations noted		Educ. Response: (Key Below)		Educ. Response: (Key Below) DIC P.T. ↓	
Care Plan	<input checked="" type="checkbox"/> Continue with plan <input type="checkbox"/> Revised as per above		<input type="checkbox"/> Continue with plan <input type="checkbox"/> Revised as per above		<input checked="" type="checkbox"/> Continue with plan <input type="checkbox"/> Revised as per above	
Time/Initials	<u>30</u> <u>AS</u>				<u>30</u> <u>AS</u>	
Tx Charge	<u>2PTX</u>				<u>2PTX</u>	

Educ. Response Key: 1. Verbalized Understanding 2. Demonstrates Skill 3. Needs Further Instruction/Reinforcement 4. Offered and Refused 5. Unable to Meet

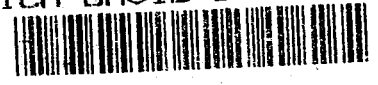
OTHER COMMENTS:

Init. <u>AS</u>	Signature <u>Ashley Terry P.T.</u>	Init.	Signature	Init.	Signature
-----------------	------------------------------------	-------	-----------	-------	-----------

Covenant
Rehabilitation Services
Facility SJH

(PT/OT/SP)
TREATMENT
FLOWSHEET
66831 1/01

ASHLEY TERRY
DOB: 07/02/54 47Y SEX: F MR: 917111
KORNREICH DAVID B
ACCT#: 70510360



Diagnosis: Diabetes Mellitus Next Physician Appointment

What is the best way for the patient to learn? Read Listen Pictures Demo Video Other

Potential Learning Barriers identified by staff: None

If barriers are identified, see Plan of Care on Initial Evaluation.

	Visit #	Date	Visit #	Date	Visit #	Date
	4	10/22/01	5	10-26-01	6	10-30-01
STATUS	No sores p last session w/last ill		Reports improvement overall, states pain is less frequent		Reports ↑ walking yesterday - noted ↑ discomfort across top/bottom of feet (R & L). Rated pain as 5/10 yesterday; 3-4/10 today	
TREATMENT AND EDUCATION	<ul style="list-style-type: none"> • splays of MT (B) • A-P jt mobs MT (B) • passive stretching into of dorsals (B) ankles • RAPS bonded level of great diff. exercise. level 1 ankle circles ankle alphabet HEP/circles - alphabet <p>Taught: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Other Methods: <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> AV/TV <input type="checkbox"/> Demo <input type="checkbox"/> Other</p>		<ul style="list-style-type: none"> - Pt was casted for CUSTOM ORTHOS (B) in subtalar neutral. (PSMA = plaster) - foot tracings done (B) also. - Pt to receive ORTHOS in 2-3 wks. <p>Taught: <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Other Methods: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> AV/TV <input type="checkbox"/> Demo <input type="checkbox"/> Other</p>		<ul style="list-style-type: none"> - A-P jt mobs. MT (B) - Splaying MT (B) - STM (B) arches - PROM (B) ankles - Review of ankle circles/ alphabet - Heel raises off step (x10) - Instr. pt in T-band exer for (B) ankles - Issued red T-band (PSMA) <p>Taught: <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Other Methods: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> AV/TV <input type="checkbox"/> Demo <input type="checkbox"/> Other</p>	
TREATMENT / OUTCOME RESPONSE	Educ. Response: (Key Below) <u>3</u> Tot well next time strengthening T-band etc. Get soon for custom orthosis		Educ. Response: (Key Below) _____ Plan: (cont ROM, STM, jt mobs, strengthening (T-band))		Educ. Response: (Key Below) _____ A: Mobility ↑ (B) ankles, still do pain qd. P: Re-assess for DIC or further auth for? low-dye taping	
Care Plan	<input checked="" type="checkbox"/> Continue with plan <input type="checkbox"/> Revised as per above		<input checked="" type="checkbox"/> Continue with plan <input type="checkbox"/> Revised as per above		<input checked="" type="checkbox"/> Continue with plan <input type="checkbox"/> Revised as per above	
Time/Initials	30	JK	70	AS	25	AS
Tx Charge	1PU 2PTX		5PTX, 1PSMA		2PTX, 1PSMA	

Educ. Response Key: 1. Verbalized Understanding 2. Demonstrates Skill 3. Needs Further Instruction/Reinforcement 4. Offered and Refused 5. Unable to Meet

OTHER COMMENTS:

Init	Signature	Init	Signature	Init	Signature
JK	JK	AS	AS		

Covenant
Rehabilitation Services

Facility S-5H

(PT/OT/SP)
TREATMENT
FLOWSHEET

66831 1/01

ASHLEY TERRY

DOB: 07/02/54 47Y SEX: F MR: 917111
KORNREICH DAVID B

ACCT#: 70510360



Diagnosis: B) pes planus of talonavicular Next Physician Appointment: _____

What is the best way for the patient to learn? Read Listen Pictures Demo Video Other _____

Potential Learning Barriers identified by staff: _____ None

If barriers are identified, see Plan of Care on Initial Evaluation.

	Visit #	Date	Visit #	Date	Visit #	Date
	1	11-01-01	2	10-16-01	3	10-19-01
STATUS			PT reports heels not covered to have casting done here. PT to call us back by tomorrow letting us know if heels going to get		PT reports he wants to get casting done here for custom dress orthotics. Pain is intermittent minor pulsing in @ arches & occ	
TREATMENT AND EDUCATION	PT Eval Elev & low @ heel pt reports relief from off the shelf orthotics for quick fix => recommend custom orthotics => off the shelf orthotics didn't fit properly		Casting done here or not. Reports pain is medial foot @ arch & walking long distances. Pain is typically 2-4/10 ankle from DF -1° -6° PF 48° 5° INV 25° 28° EVAL 16° 3° PR NUB assessment: ⊖: real foot & fore foot varus ⊕: " " "		into dorsal aspect of foot. Rates as 2-3/10. - Splaying of MT @ - A/P of mobs of MT @ - PROM @ ankles - Passive stretching into DF @ - Review of wall gastroc & soleus stretches @ - Instr. pt in stair calf/plantar fascia stretch & pivots.	
TREATMENT / OUTCOME RESPONSE	Educ. Response: (Key Below) _____		Educ. Response: (Key Below) <u>3</u> *also @ MT stiff to pt mount A-P. RX: splaying jt mobs of MT @ & @ (A-P) - PROM @ ankles - Instr pt in wall gastroc soleus stretches. A: PROM @ ankles		Educ. Response: (Key Below) <u>3</u> A: Good form & wall stretches; ↑ mobility noted in MT @ today. P: set up for casting, cont ankle ROM add BARS brd, add strengthening.	
Care Plan	<input type="checkbox"/> Continue with plan <input type="checkbox"/> Revised as per above		<input checked="" type="checkbox"/> Continue with plan P: ? cast, or <input type="checkbox"/> Revised as per above		<input checked="" type="checkbox"/> Continue with plan <input type="checkbox"/> Revised as per above	
Time/Initials	10 EI		30 AS RX		30 AS	
Tx Charge	4PEV, #123456		2PTEX		2PTEX	

Educ. Response Key: 1. Verbalized Understanding 2. Demonstrates Skill 3. Needs Further Instruction/Reinforcement 4. Offered and Refused 5. Unable to Meet

OTHER COMMENTS: _____

Init. Signature	Init. Signature	Init. Signature
ET [Signature]	AS Ann Schmidt P.T.	

Covenant
Rehabilitation Services

PT/OT/SP
TREATMENT
FLOWSHEET

ASHLEY TERRY
DOB: 07/02/54 47y SEX: F MR: 917111
KORNREICH DAVID B

Facility SJH

66831 1/01

ACCT*: 70510360



DIAGNOSIS **B Pes planus & talaronavicular DJD** DATE OF ONSET **Apr 2001**

RX / PRECAUTIONS **B arch supports**

MEDICAL HISTORY
MECHANISM OF INJURY / WORK RELATED INJURY **B ankle sprain April 2001 - came => other foot started hurting worse 2° compensations**
PREVIOUS TESTS / RX **X-rays => Bone spurs on top of foot => severe arthritis**
MEDICATIONS / ALLERGIES **Naproxen**
OTHER DIAGNOSES / SURGERIES **denies prior**

SOCIAL STATUS
VOCATIONS AND DEMANDS **economist IRS** WORKING YES NO
AVOCATIONAL INTERESTS **walking, stunts**

PAIN
LOCATION **medial feet; top of foot bone spurs** WHAT INCREASES PAIN? **stairs, walking, shoes; used to happen driving**
PAIN DESCRIPTION **pulsating pain; pressure** "med-moderate pain" WHAT DECREASES PAIN? **meds (Naproxen helped 50-60%)**

FUNCTIONAL LIMITATIONS
FUNCTIONAL LIMITATIONS *** recurrent frequent pain limits activities**
↑ pain in prolonged standing; avoids stairs; ↑ walking causes pain

CLINICAL LIMITATIONS
CLINICAL LIMITATIONS **B pes planus; calluses B feet**
↓ strength B ankle
pain to palpation B feet
↓ single limb stance B feet

GOALS
SHORT TERM GOALS / TIME FRAME
1) Pt 1 pain management techniques to ↓ pain to allow walking's discomfort
2) Obtain custom orthotics for pt
LONG TERM GOALS / TIME FRAME
3) Pt 1 Amb > 20 min pain ≤ 2/10
4) Pt 1 94 2 flights of stairs pain ≤ 2/10

PLAN (RX FREQ, DURATION, EDUCATIONAL PLAN)
PLAN **PT 2wk x 4wks for pt educ on pain management techniques**
stretching & strengthening ex's, orthotics custom

REHAB PROGNOSIS
REHAB PROGNOSIS
THERAPIST'S SIGNATURE **Emily Isakson PT** DATE **10-01-01**

Goals discussed with Patient/Family



SUMMARY OF PHYSICAL MEDICINE EVALUATION

ASHLEY TERRY
DOB: 07/02/54 47; SEX: F MR: 917111
KORNREICH DAVID B
ACCT#: 70510360



PHYSICAL MEDICINE
OBJECTIVE FINDINGS

ASHLEY TERRY

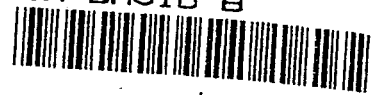
DOB: 07/02/54

47Y SEX: M MR: 917111

KORNREICH DAVID B

ACCT#:

70510360



ANKLE / FOOT - PART B

FACILITY

PHYSICIAN

APPEARANCE - EDEMA / REDNESS / CALLEUSES

Ⓟ pes planus

calous Ⓟ heel, thicker Ⓟ ; callous Ⓟ lat 5th TMT jt.
PT reports had had tenderness

APPEARANCE

CIRCUMFERENCE (IN CM)

LEFT

RIGHT

Malleolus

Figure 8

MTP Joint 1-5

NT

NT

GAIT DEVIATION

ASSISTIVE DEVICES

Not noted - short distance amb => stairs - mild ^{antalgic} deviation @ ankle - descent of stair

GAIT

HIP DEFICITS - MMT

KNEE DEFICITS - MMT

HIP / KNEE FLEXIBILITY DEFICITS

ROM, STRENGTH

LEFT

RIGHT

AROM

PROM

MMT

MOTION

AROM

PROM

MMT

ANKLE: DORSIFLEXION

PLANTARFLEXION

EVERSION

INVERSION

1ST MTP: FLEXION (MP)

EXTENSION (MP)

5

4+x

5

4 *

5

5

5

4+x

5

5

5

4+

PALPATION

no sharp pain - pressure on ant medial foot Ⓟly ; ^{bone spur} pressure @ Ⓟ plantar

SENSATION

VASCULAR STATUS

LOWER EXTREMITY ALIGNMENT (CIRCLE IF POSITIVE)

Hip: anteversion L R retroversion L R
Knee: valgus L R varus L R recurvatum L R
Rearfoot (wt. bearing) valgus L R varus L R
1st Ray plantar flexed L R
Other: Ⓟ pes planus

LIGAMENOUS TESTS (CIRCLE IF POSITIVE):

Inversion stress L Ⓟ - feels looseness/springness
Eversion stress L R
Ant. drawer L R

PROPRIOCEPTION / BALANCE (SINGLE LEG STANCE TIME IN SECONDS)

Eyes Opened L 25 pain lat → med plantar surface R 24 1d movement
Eyes Closed L 8 sec pain R 10

THERAPIST'S SIGNATURE

E. Jackson PT 10-1-01

DIAGNOSIS (B) Pes planus & tarsometatarsal DJD DATE OF ONSET Apr 2001

RX / PRECAUTIONS (B) arch supports

MEDICAL HISTORY MECHANISM OF INJURY / WORK RELATED INJURY: Bilateral sprain April 2001 - cane => other foot started hurting worse 2° compensation
PREVIOUS TESTS / RX: X-rays => on top of foot Bone spurs => severe arthritis
MEDICATIONS / ALLERGIES: naproxen
OTHER DIAGNOSES / SURGERIES: denies pmh

SOCIAL STATUS VOCATIONS AND DEMANDS: economist & IRS WORKING: YES NO
AVOCATIONAL INTERESTS: walking, stairs

PAIN LOCATION: medial feet (B) feet arches; top of (B) foot bone spurs
WHAT INCREASES PAIN?: walking; certain shoes; stairs; used to happen & driving
PAIN DESCRIPTION: NONE - 0 - 10 - UNBEARABLE "mid-moderate pain" pulsating pain; pressure
WHAT DECREASES PAIN?: meds (naproxen helped 50-60%);

FUNCTIONAL LIMITATIONS: * recurrent frequent pain limits activities
↑ pain & prolonged standing; avoids stairs; ↑ walking causes pain

CLINICAL LIMITATIONS: (B) pes planus; callouses (B) feet
↓ strength (B) ankle
pain to palpation (B) feet
if single limb stance (B) feet

GOALS SHORT TERM GOALS / TIME FRAME: (1) Pt (1) 2 pain management techniques to ↓ pain to allow walking's discomfort
(2) Obtain custom orthotics for pt

LONG TERM GOALS / TIME FRAME: (3) Pt (1) Amb > 20 min & pain ≤ 2/10
(4) Pt (1) 94 2 flights of stairs & pain ≤ 2/10

PLAN (RX FREQ, DURATION, EDUCATIONAL PLAN): PT 2xwk x 4wks for pt educ on pain-management techniques
stretching & strengthening ex's, orthotics custom

REHAB PROGNOSIS: THERAPIST'S SIGNATURE: Emily Drake MPT 10-01-01

Goals discussed with Patient/Family



SUMMARY OF PHYSICAL MEDICINE EVALUATION

ASHLEY TERRY DOB: 07/02/54 47Y SEX: F MR: 917111 KORNREICH DAVID B RCT#: 70510360

FACILITY



PHYSICAL MEDICINE
OBJECTIVE FINDINGS

ASHLEY TERRY

DOB: 07/02/54 47Y SEX: M MR: 917111
KORNREICH DAVID B

ACCT#: 70510360



FACILITY

ANKLE / FOOT - PART B

PHYSICIAN

APPEARANCE - EDEMA / REDNESS / CALLEUSES
Ⓟ pes planus
callos Ⓟ heel, thicker Ⓟ ; callos Ⓟ lat 5th TMT jt.
pt reports had heel tenderness

CIRCUMFERENCE (IN CM)	LEFT		RIGHT	
	Malleolus	Figure 8	Malleolus	Figure 8
MTP Joint 1-5				

GAIT DEVIATION
not noted - short distance amb => 4 stairs - mild deviation @ ankle - descent of stairs

ASSISTIVE DEVICES
Ⓟ

HIP DEFICITS - MMT KNEE DEFICITS - MMT

HIP / KNEE FLEXIBILITY DEFICITS

ROM STRENGTH

AROM	LEFT		MOTION	RIGHT	
	PROM	MMT		PROM	MMT
		5	ANKLE: DORSIFLEXION		5
		4+x	PLANTARFLEXION		4+x
		5	EVERSION		5
		4+x	INVERSION		5
		5	1ST MTP: FLEXION (MP)		5
		5	EXTENSION (MP)		4+

PALPATION
Ⓟ sharp pain @ pressure on ant medial foot @ 1st MPJ; pressure @ Ⓟ plantar

SENSATION
decreased

VASCULAR STATUS
no deficits noted

LOWER EXTREMITY ALIGNMENT (CIRCLE IF POSITIVE)
Hip: anteversion L R retroversion L R
Knee: valgus L R varus L R recurvatum L R
Rearfoot (wt. bearing) valgus L R varus L R
1st Ray plantar flexed L R
Other: Ⓟ pes planus

LIGAMENOUS TESTS (CIRCLE IF POSITIVE):
Inversion stress L Ⓟ feels loose/springiness
Eversion stress L R
Ant. drawer L R

PROPRIOCEPTION / BALANCE (SINGLE LEG STANCE TIME IN SECONDS)
Eyes Opened L 35 pain lat 7 med surface R 24 no movement
Eyes Closed L 8 sec pain R 10

THERAPIST'S SIGNATURE
E. W. [Signature] 10-1-01



Elmbrook Memorial Hospital
19333 West North Avenue
Brookfield, WI 53045

St. Francis Hospital
3237 16th Street
Milwaukee, WI 53215

St. Joseph's Hospital
5000 West Chambers
Milwaukee, WI 53210

St. Joseph's Hospital - Bluemound
10010 West Bluemound Rd.
Brookfield, WI 53226

St. Michael Hospital
2400 West Villard
Milwaukee, WI 53209

NUCLEAR MEDICINE

J.F. Wepfer, M.D.
D.W. Olen, M.D.
M. Cullen, M.D.
W.A. Smullen, M.D.

J.T. Grum, M.D.
J.P. Grogan, M.D.
J.M. Hartwick, M.D.
D.J. Lye, M.D.

S.M. Gryniewicz, M.D.
R.E. Neimon, M.D.
L.M. Gilles, M.D.
W.B. MacDonald, M.D.

R. Bush, D.O.
P.J. Grebe, M.D.
M.T. Lawton, M.D.
Kari Kluessendorf, M.D.

ORIGINAL

cc: ERIC CONRADSON

ORDERING PHYSICIAN: Dr. Eric Conradson
OCCURRENCE NUMBER: 18146497

EXAM DATE: 07/20/2001

EXAM: LIMITED AREA THREE PHASE BONE SCAN OF FEET AND ANKLES

CLINICAL HISTORY: A 47-year-old male with history of left lateral foot pain. Patient has a known injury to the right foot dating back to April 2001.

TECHNIQUE: Immediate flow/blood pool and four-hour delayed images were obtained following intravenous administration of 23.7 mCi of Tc 99m MDP.

COMPARISON: An MRI of the right foot dated 23 May 2001 and radiographs of the right and left ankle dated 09 June 2001 were reviewed.

FINDINGS: Immediate vascular flow and blood pool images demonstrate physiologic biodistribution of radiotracer. No significant distinct foci of abnormally increased radiotracer activity are identified suggestive of hyperemia.

Delayed images demonstrate numerous small mild foci of abnormal increased radiotracer activity involving the medial right ankle and talus. Scintigraphic findings most likely represent remote posttraumatic/degenerative change.

No distinct abnormal foci of increased radiotracer activity are identified involving the left foot/ankle.

IMPRESSION: Scintigraphic findings compatible with remote posttraumatic/degenerative change involving the medial right ankle and talus.

Radiologist: _____
KARI KLUESSENDORF, MD

PB/KK/jah D.07/20/2001 16:48:52 T.07/20/2001 20:34:15

ST. JOSEPH'S HOSPITAL
NAME: ASHLEY, TERRY
DOB: 07/02/1954

MRN: 917111
ACCT #: 70470159

VISIT TYPE: C
ROOM #: NM



Elmbrook Memorial Hospital
19333 West North Avenue
Brookfield, WI 53045

St. Francis Hospital
3237 16th Street
Milwaukee, WI 53215

St. Joseph's Hospital
5000 West Chambers
Milwaukee, WI 53210

St. Joseph's Hospital - Bluemound
10010 West Bluemound Rd.
Brookfield, WI 53226

St. Michael Hospital
2400 West Villard
Milwaukee, WI 53209

RADIOLOGY

J.F. Wepfer, M.D.
D.W. Olen, M.D.
M. Cullen, M.D.
W.A. Smullen, M.D.

J.T. Grum, M.D.
J.P. Grogan, M.D.
J.M. Hartwick, M.D.
D.J. Lye, M.D.

S.M. Gryniewicz, M.D.
R.E. Neimon, M.D.
L.M. Gilles, M.D.
W.B. MacDonald, M.D.

R. Bush, D.O.
P.J. Grebe, M.D.
M.T. Lawton, M.D.

ORIGINAL

cc: ERIC CONRADSON

ORDERING PHYSICIAN: Dr. Eric Conradson
OCCURRENCE NUMBER: 11265142

EXAM DATE: 06/09/2001

EXAM: LEFT ANKLE

FINDINGS: Normal.

EXAM: RIGHT ANKLE

FINDINGS: Normal.

EXAM: RIGHT ELBOW.

FINDINGS: Normal.

EXAM: LEFT ELBOW

FINDINGS: Normal.

Radiologist: _____

WILLIAM A. SMULLEN, MD

WS/jah D.06/09/2001 09:51:55 T.06/09/2001 10:40:31

ST. JOSEPH'S HOSPITAL

NAME: ASHLEY, TERRY
DOB: 07/02/1954

MRN: 917111
ACCT #: 70448831

VISIT TYPE: C
ROOM #: RAD

RADIOLOGY



Elmbrook Memorial Hospital
19333 West North Avenue
Brookfield, WI 53045

St. Francis Hospital
3237 16th Street
Milwaukee, WI 53215

St. Joseph's Hospital
5000 West Chambers
Milwaukee, WI 53210

St. Joseph's Hospital - Bluemound
10010 West Bluemound Rd.
Brookfield, WI 53226

St. Michael Hospital
2400 West Villard
Milwaukee, WI 53209

MAGNETIC RESONANCE IMAGING

J.F. Wepfer, M.D.
D.W. Olen, M.D.
M. Cullen, M.D.
W.A. Smullen, M.D.

J.T. Grum, M.D.
J.P. Grogan, M.D.
J.M. Hartwick, M.D.
D.J. Lye, M.D.

S.M. Gryniwicz, M.D.
R.E. Neimon, M.D.
L.M. Gilles, M.D.
W.B. MacDonald, M.D.

R. Bush, D.O.
P.J. Grebe, M.D.
M.T. Lawton, M.D.

ORIGINAL

cc: SHARON DOSS

ORDERING PHYSICIAN: Dr. Sharon Doss

OCCURRENCE NUMBER: 11053323

EXAM DATE: 05/23/2001

EXAM: MAGNETIC RESONANCE OF THE ANKLE AND FOOT

CLINICAL HISTORY: The patient has been having intermittent pain on the medial side of foot in the ankle area. The patient states that he had an abnormal x-ray. We have that x-ray available for comparison.

PROTOCOL: Routine protocol for trauma of the foot and ankle. A vitamin E was placed on the patient where he stated he had his pain.

SCAN INTERPRETATION: There is some minor amount of fluid posteriorly in the ankle space. There is also a small abnormal signal present in the dome of the talus, which probably represents degenerative changes.

The previously described projection off of the navicular, indeed, does have abnormal signal within it and probably represents an area of degeneration. This is not where the patient states where the pain is; it is actually over the medial cuneiform bones, and nothing abnormal was seen in this region.

If, indeed, this was a fracture through this projection off the navicular, one would expect him to have exquisite pinpoint pain in the same spot all of the time, and he does not. However, there definitely is normal signal within it and may have undergone trauma in the past.

No other abnormalities are identified.

Radiologist: _____


WILLIAM A. SMULLEN, MD

WS/bir D.05/24/2001 14:43:00 T.05/24/2001 15:57:29

ST. JOSEPH'S HOSPITAL

NAME: ASHLEY, TERRY

DOB: 07/02/1954

MRN: 917111

ACCT #: 70439190

VISIT TYPE: C

ROOM #: JMRI

MAGNETIC RESONANCE IMAGING

Covenant

Elmbrook Memorial Hospital
19333 West North Avenue
Brookfield, WI 53045

St. Francis Hospital
3237 16th Street
Milwaukee, WI 53215

St. Joseph's Hospital
5000 West Chambers
Milwaukee, WI 53210

St. Joseph's Hospital - Bluemound
10010 West Bluemound Rd.
Brookfield, WI 53226

St. Michael Hospital
2400 West Villard
Milwaukee, WI 53209

RADIOLOGY

J.F. Wepfer, M.D.
D.W. Olen, M.D.
M. Cullen, M.D.
W.A. Smullen, M.D.

J.T. Grum, M.D.
J.P. Grogan, M.D.
J.M. Hartwick, M.D.
D.J. Lye, M.D.

S.M. Gryniewicz, M.D.
R.E. Neimon, M.D.
L.M. Gilles, M.D.
W.B. MacDonald, M.D.

R. Bush, D.O.
P.J. Grebe, M.D.
M.T. Lawton, M.D.

ORIGINAL

cc: SHARON DOSS


ORDERING PHYSICIAN: Dr. Sharon Doss
OCCURRENCE NUMBER: 11052139

EXAM DATE: 05/23/2001

EXAM: ORBITS

FINDINGS: Normal orbits, without any evidence of any metal.

Radiologist: _____


WILLIAM A. SMULLEN, MD

WS/bir D.05/24/2001 00:00:00 T.05/24/2001 16:09:07

ST. JOSEPH'S HOSPITAL

NAME: ASHLEY, TERRY
DOB: 07/02/1954

MRN: 917111
ACCT #: 70439190

VISIT TYPE: C
ROOM #: JMRI

RADIOLOGY

Terry Ashley, Ph.D.
3375 North 55th Street
Milwaukee, WI 53216-3184
414-442-9420

CITY OF MILWAUKEE
2001 AUG 22 PM 2:23
RONALD D. LEONHARDT
CITY CLERK

August 20, 2001

Office of the City Clerk
City of Milwaukee
200 E. Wells Street, Rm 205
Milwaukee, WI 53202-3567
Attn: Claims

Dear City Clerk:

Pursuant Section 893.80(1), Wis. Stats., this a claim filed against the City of Milwaukee for injuries sustained by Terry Ashley.

Date of Injury: April 24, 2001.

Time of Injury: Approximately, 5:15 pm on Tuesday.

Location of Injury: On 4th Street, between Juneau Avenue and McKinley Avenue, just north of the 145 Freeway overpass.

Occurrence of Injury: Claimant sustained a serious ankle injury to the right ankle and foot when the claimant accidentally stepped into deteriorated crevice in the street, while crossing east to west across 4th Street to get to the free curb side parking on McKinley Street. Claimant was nearly thrown to the ground. The deteriorated cervice is approximately 30 to 40 feet south of Mckinley Avenue, in the west portion of the middle of the street.

Nature of Injury: Claimant sustained a serious ankle injury to the right ankle and foot and subsequently an injury to the left ankle and foot. Due heretofore unknown condition to the claimant's feet (acute arthritic condition and bone spurs in both right and left ankles and feet), the injury to the right ankle and foot resulted in the claimant placing additional weight and stress on the left ankle and foot. This contributed to equal pain and discomfort when walking. Claimant has had several visits to primary care physican and orthopedic concerning this injuries. Visits to physicans are on going. The claimant is currently prescribed medication to reduce inflammation and pain.

Statement of Relief: Claimant is seeking compensation for 1) medical expenses, 2) lost wages,

CITY OF MILWAUKEE
RECEIVED
AUG 22 PM 3:20

- 3) parking expenses, and 4) pain and suffering.
- 1) Itemization of medical bills is forthcoming as all medical expenses are not completed.
- 2) Claimant has used vacation time to make doctor visits. Itemization of wages is forthcoming.
- 3) Due to continued pain and discomfort, claimant has had to park closer to job downtown to prevent aggravating the injuries or generating additional pain from walking. This change in parking has contributed to increased parking expenses. Weekly parking expenses have increased from \$6 for parking at the \$1.50 parking lot on 4th and Juneau Avenue and at the free curbside parking to \$20 for parking in the Grand Avenue Mall parking structure. Over a year the estimated additional parking expenses are \$700. This amount is applied over an unknown number of years, presently.
- 4) Estimated pain and suffering due to 1) enduring continued discomfort for periods of extensive walking, 2) restrictions in engaging in activities requiring extensive walking (e.g., attending fairs, zoo outings, museum outings, etc.), and 3) needing to remain on medication to reduce the inflammation and pain, plus the medication's side effects.

Claimant Information: Terry Ashley, Ph.D.
3375 North 55th Street
Milwaukee, WI 53216
414-442-9420
(day phone) 414-297-3254

Signature of Claimant

Terry Ashley

Date

8/21/01

Sincerely,

Terry Ashley
Terry Ashley, Ph.D.

cc: File #Milw Injury 8/19/01