

"Exhibit B"

**TOMAR, O'BRIEN, KAPLAN,  
JACOBY & GRAZIANO**

ALBERT K. PLONE  
(1909-1972)

WILLIAM TOMAR \*  
ROBERT F. O'BRIEN \*  
MICHAEL A. KAPLAN \*  
DAVID JACOBY  
RONALD A. GRAZIANO \*  
ALAN H. SKLABSKY  
ROBERT M. CAPUANO \*

JAFFA F. STEIN \*  
MARK E. BELLAND \*  
MICHAEL D. CARROLL \*  
JOAN FREEDMAN MEYER \*  
THOMAS F. KARPOUSIS \*  
KAREN R. KARPOUSIS \*

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

TOMAR PLAZA

20 BRACE ROAD

CHERRY HILL, NEW JERSEY 08034-0379

(856) 429-1100

TELECOPIER (856) 429-8164

E-MAIL: TOMAR@TOMARLAW.COM

WWW.TOMARLAW.COM

JOHN X. DENNEY, JR. \*  
MARCI HILL JORDAN \*  
BONNIE R. LOVE \*  
KARINA E. HEHN  
CHRISTINE L. MATUS  
STEVEN J. BUSHINSKY \*

ROBYN BRYSON FLYNN  
NANCY S. SOKOL \*  
WILLIAM L. O'DAY, JR. \*  
SALVATORE J. SICILIANO \*  
PHYLLIS COLETTA \*

† NOT ADMITTED IN NJ  
\* CERTIFIED BY THE  
SUPREME COURT OF  
NEW JERSEY AS A CIVIL  
TRIAL ATTORNEY  
• MEMBER OF DE BAR

■ MEMBER OF DISTRICT OF  
COLUMBIA BAR  
\* MEMBER OF PA BAR  
▲ CERTIFIED BY THE SUPREME  
COURT OF NEW JERSEY AS A  
WORKERS' COMPENSATION  
LAW ATTORNEY

BRUCE H. ZAMOST \*  
OF COUNSEL



Direct Dial: 856-616-2269  
In Reply Please  
Refer to: 131433.00001

September 26, 2002

K-Mart Corporation, et al  
c/o Trumbell Services, LLC  
P.O. Box 426  
Windsor, CT 06095

RE: Kevin A. Meiswinkel v. K-Mart Corporation  
Date of Accident: 10/7/02  
Chapter 11 Bankruptcy  
Case No. 02-02474 (SPS)

Dear Sir/Madam:

Enclosed please find an original and six (6) copies of Mr. Meiswinkel's Amended Proof of Claim regarding the above-matter. Kindly file same and return a conformed copy to our office in the enclosed self-addressed, stamped envelope.

Thank you for your courtesy and cooperation in this matter.

Very truly yours,

**TOMAR, O'BRIEN, KAPLAN,  
JACOBY & GRAZIANO**

  
SALVATORE J. SICILIANO

SJS:baw

Encl.

c.c.: Kevin Meiswinkel

UNITED STATES BANKRUPTCY COURT <u>Northern</u> DISTRICT OF <u>Illinois</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Kevin A. Meiswinkel</b>		Case Number <b>02-02474 (SPS)</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>K-Mart Corporation, et al</b>		AMENDED.
Name and address where notices should be sent: <b>Salvatore J. Siciliano, Esq. 20 Brace Road Cherry Hill, NJ 08034 Telephone number: (856) 429-1100</b>		
<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor: <b>131433.1</b>		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Personal Injury Matter</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> <u>10/7/00</u>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> <u>\$ 1,000,000.00</u>		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date <u>9/26/02</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>[Signature]</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

DATE: 10-10-00 WEIGHT: 239 PREVIOUS WEIGHT: 240 AGE: 39

CHIEF COMPLAINT: fell, has pain in neck going down back

INTERVAL HISTORY:  
Plan Switch Zocor.  
Jexanus 1yr ago.

PHYSICAL EXAM: BP 128/100 TEMP PULSE 72

GENERAL/SKIN:  
HEENT: ☐ TM INTACT; NO INFLAMMATION L. Spine - Blk Spoon  
NECK/CAROTIDS: full dom.  
HEART: ☐ REG. RHYTHM ☐ NO MURMUR OR GALLOP  
LUNGS: ☒ CLEAR TO A&P  
ABDOMEN: ☒ NO MASSES ☐ NO ORGANOMEGALY ☒ BS NORMOACTIVE Lumbar Spoon  
LEGS/FEET: ☒ NO EDEMA Blk  
NEURO: ☒ STRAIGHT LEG  
OTHER: ☒ DISTAL PULS

IMPRESSION/DIAGNOSIS:  
Lumbar } Spoon  
Cervical }  
Punctate wound @ front  
PLAN:  
Labster 700  
Sketaxin 400 account  
Hypnomin  
Kant But PMS  
(SIGNATURE)

# PATIENT PROGRESS NOTES

NAME: Kevin Mueswinkel

DATE: 10/25/00 WEIGHT: 241 PREVIOUS WEIGHT: 241 AGE: 39  
 CHIEF COMPLAINT: 40 (2) foot + toe 9 follow up Neck back

INTERVAL HISTORY:

PHYSICAL EXAM:

BP

TEMP

PULSE

GENERAL/SKIN:

HEENT: ☐ TM INTACT; NO INFLAMMATION

NECK/CAROTIDS:

HEART: ☐ REG. RHYTHM ☐ NO MURMUR OR GALLOP

LUNGS: ☐ CLEAR TO A&P

ABDOMEN: ☐ NO MASSES ☐ NO ORGANOMEGALY ☐ BS NORMOACTIVE

LEGS/FEET:

NEURO:

OTHER:

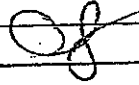
IMPRESSION/DIAGNOSIS:

plantar wart  
lumbar strain back  
acral spur 40

PLAN:

Dr. Katz Robaxin 100  
MRI 2-7-00  
Carol Buffakes

(SIGNATURE)

11-3-00	WEIGHT:	PREVIOUS WEIGHT: 244	AGE: 39
COMPLAINT: discuss MRI — lower back pain constant			
PAST MEDICAL HISTORY:			
PHYSICAL EXAM: BP _____ TEMP _____ PULSE _____			
HEENT/SKIN:			
ENT: <input type="checkbox"/> TM INTACT; NO INFLAMMATION			
CV CAROTIDS:			
HEART: <input type="checkbox"/> REG. RHYTHM <input type="checkbox"/> NO MURMUR OR GALLOP			
LUNGS: <input type="checkbox"/> CLEAR TO A&P			
ABDOMEN: <input type="checkbox"/> NO MASSES <input type="checkbox"/> NO ORGANOMEGALY <input type="checkbox"/> BS NORMOACTIVE			
EXTREMITIES/FEET:			
NEURO:			
LABS:			
PRESENTATION/DIAGNOSIS:		PLAN:	
Muscle spasms - loss lordotic curve		Flaxseed Mag Chondroitin Pain 550 Ampropr DS	
		(SIGNATURE) 	



# South Jersey MRI

Center for Health and Fitness

1430 W. Sherman Ave. ■ Vineland, NJ 08360

(609) 696-5800 ■ Fax (609) 696-3503

■ OPEN Magnetic Resonance Imaging  
■ Magnetic Resonance Angiography

November 2, 2000

JAMES WASHBURN DO  
10 E BROAD ST  
MILLVILLE, NJ 08332

RE: KEVIN MEISWINKEL

AGE:39

SS#:146-66-9084

## History-

Low back and left leg pain.

## Examination-

MRI OF THE LUMBAR SPINE; T-1, proton density and T-2 sagittal sequence; T-1 axial sequence from L3-L4 level through the L5-S1 level.

## Findings-

There is straightening of the normal lumbar lordotic curvature possibly due to muscle spasm. No vertebral body collapse, fracture or subluxation or disc space narrowing is seen. No disc herniation, disc bulge, spinal stenosis or neural foraminal encroachment was evident. The conus medullaris is unremarkable and no intradural process was seen.

## Conclusion-

1. Straightening of the normal lumbar lordotic curvature possibly due to muscle spasm.
2. No additional abnormalities were noted.

Sincerely yours,

CRAIG L TAYLOR MD

CLT/mkm

dd: 11/2/00

dt: 11/03/00

## SOUTH JERSEY CENTER FOR ORTHOPEDICS & SPORTS MEDICINE

Meiswinkel, Kevin

Dr. Silver 03/12/2001

Kevin is seen today. He is a healthy appearing 39 year old father of three who works for an insurance company. He notes back in September he had a metal piece stuck through his boots and subsequently fell. Since then he has had back and neck pain. The pain is somewhat midline. It doesn't really radiate anywhere. He initially saw Drs. Mintz & Washburn's office and then went to Dr. Beebe. There was some confusion with his insurance and now he is here. He has been on muscle relaxants, anti-inflammatories. He denies problems with bowels and bladder. He is a healthy gentleman otherwise, 6'2", 220 lb. Nonsmoker. Recreationally he is a typical father running around with his kids. His surgical history is notable for a small laceration on his left leg and surgical procedure where he has had a cubital tunnel and carpal tunnel release on his right arm. He does hypertrophic scar somewhat, is a scar former. His examination notes him tender in the lower lumbar. Intact reflexes, normal sensation, normal toe/heel walk, extensor hallucis function. Negative straight leg raise although he was a little bit tremulous and guarded when moving his leg through range of motion. His back motion was not bad. Again, the same area of tenderness in the lower lumbar spine. MRI was reviewed which was negative. I am going to switch him to some Vioxx, gave him a back care book, and have him go through a course of physical therapy for what we are calling a lumbosacral strain at this point.

## SOUTH JERSEY CENTER FOR ORTHOPEDICS & SPORTS MEDICINE

Meiswinkel, Kevin

Dr. Silver 05/31/2001

Kevin is seen today in follow up. He had started some therapy, was interrupted by an umbilical hernia repair by Dr. O'Donnell. He saw Dr. Eric Strauss who is a hand specialist who had previously operated on Kevin's right upper extremity for both cubital and carpal tunnel syndrome. He saw Dr. Bonner who had evaluated his neck and advised him to get MRI of his neck. We will request the results of whatever studies Dr. Bonner did. At this point I would be a little concerned with him having both carpal tunnel release and cubital tunnel release if there is some question of him having a cervical radiculopathy. We did discuss about the fact that certainly his upper extremity problems can be caused from a cervical radiculopathy. He notes he had prior EMG's clearly documenting this. He is also a very educated gentleman, well aware of the difference in symptomatology of cubital tunnel, carpal tunnel and his stiff neck and back, that ever since his fall really is bothering him. He was placed on Vioxx without any relief. He comes with x-rays and his physical therapy. At this point we will go ahead and send him for MRI of his neck, request notes from Dr. Bonner, and finish up the physical therapy. According to Dr. O'Donnell who recently fixed his umbilical hernia, will do all the therapy except for the electric stim. We will substitute ultrasound. Also, since the Vioxx didn't help we will switch him to some Arthrotec 50 PO tid and see if that helps. Therapy should be for his back and neck.

## SOUTH JERSEY CENTER FOR ORTHOPEDICS & SPORTS MEDICINE

Meiswinkel, Kevin

Dr. Silver 07/30/2001

Kevin is seen in follow up for his low back pain. Apparently he is unable to do his therapy. This was denied by the insurance company. He continues to have pain that he has had chronically for a long time in his left leg, buttocks, but it is a little less now. In regards to his neck, he still has soreness which is constant, more towards the mid to lower area. This is a right hand dominant insurance rep. His MRI was consistent with a C5-C6 herniated disc with stenosis. I advised him to see a neurosurgeon such as Dr. Kazmi. I renewed his prescription for Arthrotec 50mg, gave him 60 with 3 refills, as well as physical therapy for his C-spine. We will have him follow up with the neurosurgeon.

C.C. Dr. Mintz



SOUTH JERSEY CENTER FOR ORTHOPEDICS & SPORTS MEDICINE

PROGRESS NOTES

Name: Kevin Meiswinkel DOB: 6/20/61

Acct. # 30002

Reason for Visit: 6/28/01 Back flu 2 mry

- ① LBP - unable to do therapy - 'denied' by ins. co.  
Chronic pain. Left leg + buttock, pain is less now.
- ② Neck - soreness - constant. more towards mid to lower area.

Occupation: Insurance Rep.

Hand Dominance: Right

Findings:

MRX - Left HNP C5-6 c stenosis

Plan: Refer to a Neuro-surgeon Dr. Kazmy

Rx: Prokotec 50mg # 60 x 3 refills

P.T. 3x3 C-Spine

OOB

RTW

C DX: L5 Strain

RTO prn

HNP C5-6 + Stenosis

SOUTH JERSEY CENTER FOR ORTHOPEDICS & SPORTS MEDICINE  
PROGRESS NOTES

Name Kevin Meiswinkel DOB 6/20/61 Acct. # 30002  
Reason for visit 4/02/01 Back Pain NS Will Paul to RS  
5/31/01 Neck + Back  
Neck stiff + painful C/o LBP deris  
leg pain (G) butte pain PT for low back  
some help.

Occupation Rep. of Insurance Hand Dominance Right

Findings  
going to have cervical + ulnar nerve surgery this  
summer - Dr. Straus.  
Dr. Bonner did EMG for above.

C6-C7 disc narrowing - Spasm on C-Spine X-ray

Plan  
P.T. No Elec Stim 3x3 Other modalities  
Substitute U.S. C-Spine + L-Spine  
MRI Neck - Cervical Spine

Reg. info from Dr. Straus' office (Kevin will take of  
Rx: Roflumilone 7.5 mg po BID pc D/C VIOXY  
50

OOW \_\_\_\_\_

DX L-S-Spasm

RTW \_\_\_\_\_

RTD 4 weeks

SOUTH JERSEY CENTER FOR ORTHOPEDICS & SPORTS MEDICINE  
PROGRESS NOTES

Name KEVIN MEISWINKEL DOB 6/20/61 Acct. # 30002

Reason for visit 3/12/01 Neck + Back pain  
Left fell stepped on piece of metal  
went face down stiffness neck  
neck hurts further. Chiropractor came.

Ht 6' 2 1/2" Wt 230 lbs non smoker Dr Beutke

Occupation \_\_\_\_\_

Hand Dominance \_\_\_\_\_

Findings MET rev C (C) LIND no nerve damage  
Normal

no bowel bladder problems

sensation intact

tender lower lumbar spine

E-SLR

motor strength intact

Plan BACK brace Backlet given

D1 DX3

Xray cervical spine

samples Vioxx 25mg 11 12

OOW \_\_\_\_\_

DX Lumbar saccral strain

RTW \_\_\_\_\_

RTO \_\_\_\_\_

2-3 wks

4/2/01  
1.00  
w/ncys

PREScription BLANK

SETH M. SILVER, M.D.  
1138 EAST CHESTNUT AVENUE  
VINELAND, NJ 08360-7036  
(856) 696-0900  
LIC. # MA057483  
DEA # BS 1690723  
BATCH # MDI-20010602-OS083750-08

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐  
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Karen M. Montanelli D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE 6-28-01

☐ RX DX: HYPERTENSION 022.0

SSG HNP

Plam

TX

SUBSTITUTION PERMISSIBLE Vom DO NOT SUBSTITUTE 3x/3wks

DO NOT REFILL \_\_\_\_\_ SIGNATURE OF PRESCRIBER Seth Silver

REFILL \_\_\_\_\_ TIMES

Use separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE

SETH M. SILVER, M.D.  
1139 EAST CHESTNUT AVENUE  
VINELAND, NJ 08360-7036  
(856) 696-0900

LIC. # MA057483  
DEA # BS 1690723

BATCH # MDI-20010502-0SS063750-08

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐  
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Kevin Mesivinkel

D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE 5-31-21

**Rx**

MRI  
Cervical Spine

Dr: Cervical Strain 847.0

SUBSTITUTION PERMISSIBLE \_\_\_\_\_

DO NOT SUBSTITUTE \_\_\_\_\_

DO NOT REFILL \_\_\_\_\_

SIGNATURE OF PRESCRIBER

REFILL \_\_\_\_\_ TIMES

Seth Silver

Use separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW

SETH M. SILVER, M.D.  
1139 EAST CHESTNUT AVENUE  
VINELAND, NJ 08360-7036  
(856) 696-0900

LIC. # MA057483  
DEA # BS 1690723

BATCH # MDI-20010502-0SS063750-08

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐  
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Kevin Mesivinkel

D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE 5-31-21

**Rx**

P.T. 3X3  
Cervical Spine  
Lumbar Spine  
No Electrical Stim  
U.S. Modulator 846.0

Dr: Cervical + Lumbar Strain

SUBSTITUTION PERMISSIBLE \_\_\_\_\_

DO NOT SUBSTITUTE \_\_\_\_\_

DO NOT REFILL \_\_\_\_\_

SIGNATURE OF PRESCRIBER

REFILL \_\_\_\_\_ TIMES

Seth Silver

Use separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE

State of New Jersey  
**PRESCRIPTION BLANK**

SETH M. SILVER, M.D.  
1138 EAST CHESTNUT AVENUE  
VINELAND, NJ 08360-7036

(856) 696-0900

DEA # BS 1690723  
LIC. # MA057483

BATCH # MDI-000330-OS5083750-07

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐  
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Kevin Meiswinkel D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE 3/1



Xray cervical  
spine series

723.1

Dx: neck pain

SUBSTITUTION PERMISSIBLE \_\_\_\_\_ DO NOT SUBSTITUTE \_\_\_\_\_

DO NOT REFILL \_\_\_\_\_

SIGNATURE OF PRESCRIBER

REFILL \_\_\_\_\_ TIMES

Seth Silver

Use separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE

State of New Jersey  
**PRESCRIPTION BLANK**

SETH M. SILVER, M.D.  
1138 EAST CHESTNUT AVENUE  
VINELAND, NJ 08360-7036

(856) 696-0900

DEA # BS 1690723  
LIC. # MA057483

BATCH # MDI-000330-OS5083750-07

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐  
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Kevin Meiswinkel D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE 3/1



PT 3X3

Back rehab

syke D

Neck into shoulder

## PROGRESS EVALUATION

Visit Date:	6/28/2001
Name:	Kevin Meiswinkel
Number:	MEIK01
Social Security:	146-66-9084
DOB:	6/20/1961
Total Visits:	17
Initial Visit Date:	4/2/2001

### Problems:

Cervical spine

### Referral:

Silver, Seth M.

### Diagnosis:

Cervical, Sprain/Strain(847.0)

### Insurance:

US Healthcare - Cap.

Date of Onset: 10/2/2000

### Subjective

Kevin Meiswinkel is reporting complaints of stiffness and soreness with bilateral rotation, which he experiences primarily while driving. Patient also reports pain with bilateral side-bending, primarily when bending to the right. Kevin is pleased with his progress, and reports increased cervical range of motion. This patient has 1 visit remaining on the current prescription. Patient is scheduled to see his physician on this afternoon.

### Objective

This patient's treatment today consisted of moist heat for 10 minutes, followed by ultrasound for 8 minutes, and therapeutic exercise - 15 min. A re-evaluation was performed today. Please refer to the following objective findings for this patient's current functional status.

### Objective Findings

Objective Finding	Initial	Last Measurement	Goal
Cervical AROM-(L) Rotation - % decreased	10	10	0
Cervical AROM-(L) Side Bending - % decreased	10	10	0
Cervical AROM-(R) Rotation - % decreased	20	20	0
Cervical AROM-(R) Side Bending - % decreased	20	20	0
FUNCTION: Ability to drive	Mod. Difficulty	Mod-Max*	No difficulty
FUNCTION: ability to work	Mod. difficulty	Mod. difficulty	No difficulty
Gross grasp left hand - position 2	90 lbs.	90 lbs.	90 lbs.
Gross grasp right hand - position 2	82lb	82 lbs.	90 lbs.
Pain level at rest	5	5	0
Pain level with activity	7-8	7-8	0

# Heartland

## REHABILITATION SERVICES

2630 East Chestnut Ave. Vineland, NJ 08361-8400  
(856) 692-1483 FAX (856) 692-7423

Dr. Seth M. Silver, M.D.  
Cumberland Orthopedic Professional Association  
2848 Delsea Drive, Building I  
Vineland, NJ 08360

7/12/2001

**Discharge Summary:** Kevin Meiswinkel

**Diagnosis:** Cervical, Sprain/Strain(847.0)

Dear Dr. Silver:

Thank you for your kind referral of Kevin Meiswinkel to our Vineland office for treatment of the Cervical spine. Kevin has completed treatment in our office, which consisted of the following modalities and exercises:

- Moist Heat - Cervical
- Cervical Right & Left Rotation
- Cervical Right & Left Side Bending
- Cervical Axial Extension
- Stretching -- pectoralis
- Airdyne Bike -- (UE w/ chin tuck)
- Shoulder shrugs w/ scapular adduction
- Cervical Flexion Isometrics
- Cervical Ext. Isometrics
- Cervical SB Isometrics

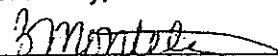
Patient reports that he feels a sharp pain in his posterior cervical region since yesterday. This patient's treatment today consisted of moist heat for 15 minutes, followed by therapeutic exercise - 15 min. This patient's therapeutic exercise was increased today. Please refer to exercise flow chart for specifics. We also DC'ed US today. At Kevin's last visit, objective measurements were as follows:

Objective Finding	Initial	Last Measurement	Goal
Cervical AROM-(L) Rotation - % decreased	10	10	0
Cervical AROM-(L) Side Bending - % decreased	10	10	0
Cervical AROM-(R) Rotation - % decreased	20	20	0
Cervical AROM-(R) Side Bending - % decreased	20	50	0
FUNCTION: Ability to drive	Mod. diffi	Mod-Max*	No difficu
FUNCTION: ability to work	Mod. diffi	Mod. diffi	No difficu
Gross grasp left hand - position 2	90 lb	90 lbs	90 lb
Gross grasp right hand - position 2	82lb	82 lbs.	90 lb
Pain level at rest	5	4	0
Pain level with activity	7-8	7-8	0

Patient tolerated isometrics well and felt slightly looser after treatment today. Kevin has not returned to therapy and his prescription has expired.

If you have any questions regarding the discharge of Kevin Meiswinkel, please contact us. Thank you for this referral. We hope we may be of service to you and your patients in the future.

Sincerely,

  
Brenda Monteleone LPT QA05839



## Initial Evaluation

<b>Visit Date:</b>	6/12/2001
<b>Name:</b>	Kevin Meiswinkel
<b>Number:</b>	MEIK01
<b>Social Security:</b>	146-66-9084
<b>DOB:</b>	6/20/1961

### Problems:

Cervical spine

### Referral:

Silver, Seth M.

### Diagnosis:

Cervical, Sprain/Strain (847.0)

### Insurance:

US Healthcare - Cap.

**Date of Onset:** 10/2/2000

### Subjective

The patient has returned to our clinic for treatment of a cervical strain, as a result of the fall in October 2001. Patient presents with complaints of crepitus, constant stiffness, soreness, and decreased range of motion. Patient reports decreased ability to perform work tasks, and to drive, (looking to the rear). Patient tenderness to touch (he has moderately intense trigger areas in the UT bilaterally but more so on the R).

### Objective

An Initial Physical Therapy Evaluation was performed for this patient today. Please refer to the following objective findings, which were recorded today. This patient's treatment today consisted of moist heat for 20 minutes, followed by ultrasound for 8 minutes, therapeutic exercise - 15 min.

### Objective Findings

Objective Finding	Initial	Goal
Cervical AROM-(L) Rotation - % decreased	10	0
Cervical AROM-(L) Side Bending - % decreased	10	0
Cervical AROM-(R) Rotation - % decreased	20	0
Increase pain at end range		
Cervical AROM-(R) Side Bending - % decreased increase pain at end range	20	0
FUNCTION: Ability to drive	Mod. Difficulty	No difficulty
FUNCTION: ability to work	Mod. Difficulty	No difficulty
Gross grasp left hand - position 2	90 lbs.	90 lbs.
Gross grasp right hand - position 2	82lbs.	90 lbs.
Pain level at rest	5	0
Pain level with activity	7-8	0

### **Assessment**

This patient demonstrates the following deficits based on evaluative findings: constant stiffness, soreness, decreased ROM, and limited driving tasks. These problems will be addressed with the physical therapy program. This patient was extremely cooperative and pleasant during the initial evaluation and followed all instructions appropriately. This patient was given an overview of the plan of treatment and goals. They understood well and consented to treatment. This patient was given the opportunity to ask questions about the treatment plan and goals.

### **Short Term Goals (in 2 weeks)**

Decrease pain rating level to 4 or better  
Improve ROM by 25%  
Establish Home Exercise Program

### **Long Term Goals (in 4 weeks)**

Decrease pain rating to level 2 or better  
Improve ROM to WNL  
Improve function with min difficulty

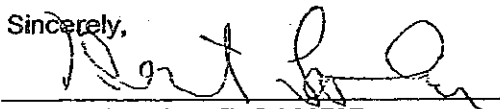
### **Plan**

This patient is to be seen in physical therapy 3 times per week for 4 weeks for the following treatment program. We will advance this patient's therapeutic exercise program as tolerated. Patient continues with home exercise program as outlined.

<b>Exercise/Modality Description</b>	<b>Sets/Reps/Wt or Duration</b>
<b>Moist Heat - Cervical</b>	10
<b>Ultrasound</b>	8
<b>Cervical Right &amp; Left Rotation</b>	1/10/0
<b>Cervical Right &amp; Left Side Bending</b>	1/10/0
<b>Cervical Axial Extension</b>	1/10/0
<b>Stretching - pectoralis</b>	1/10/0
<b>Written home instruction</b>	1/10/0

Thank you for this referral. If you have any questions or concerns regarding the treatment program of your patient, please feel free to contact me. I will keep you informed of your patient's progress.

Sincerely,

  
Herbert Laskin, PT, QA00707

## PROGRESS EVALUATION

<b>Visit Date:</b>	5/2/2001
<b>Name:</b>	Kevin Meiswinkel
<b>Number:</b>	MEIK01
<b>Social Security:</b>	146-66-9084
<b>DOB:</b>	6/20/1961
<b>Total Visits:</b>	9
<b>Initial Visit Date:</b>	4/2/2001

### Problems:

Lumbar Spine

### Referral:

Silver, Seth M.

### Diagnosis:

Lumbosacral, Sprain/Strain(846.0)

### Insurance:

US Healthcare - Cap.

**Date of Onset:** 10/2/2000

### Subjective

Kevin Meiswinkel is reporting that he is scheduled to have hernia repair surgery on Friday. He states that he is anxious about the impending surgery, and is unsure about what will happen following the surgery with regard to the low back physical therapy. About 8 minutes, after arriving to the facility, Kevin Meiswinkel reported that he was beginning to feel faint, warm and dizzy. This is patient's last visit to physical therapy on current prescription. Patient will be re-evaluated by his physician within the next week. This progress report will be sent to the physician for patient's follow up appointment.

### Objective

This patient's treatment today consisted of moist heat with electrical stimulation for 8 minutes. All therapeutic exercises were not performed today, secondary to the patient complaints of dizziness, nausea, and sweating. A re-evaluation was performed today. Please refer to the following objective findings for this patient's current functional status.

BP=138/92  
HR=60 b/min

### Objective Findings

Objective Finding	Initial	Last Measurement	Goal
<b>Pain Level</b>	7	8	2
<b>Lumbar AROM - Flexion - % decreased</b>	50	50	0
<b>Lumbar AROM - Extension - % decreased</b>	90	90	0
<b>Lumbar AROM - (R) Side Bending - % decreased</b>	50	50	0
<b>Lumbar AROM - (L) Side Bending - %</b>	50	50	0

decreased			
Hamstring Length - Right	45	45	80
Hamstring Length - Left	45	45	80
Piriformis Tightness - right	severe		minimal
Piriformis Tightness - left	moderate		minimal
FUNCTION: ability to perform household tasks	Mod. Difficulty	Mod. Difficulty	No difficulty
FUNCTION: ability to work	Mod. Difficulty	Mod. Difficulty	No difficulty
FUNCTION: Lifting waist to overhead	Mod. Difficulty	Mod. Difficulty	No difficulty
FUNCTION: Lifting floor to waist	Mod. Difficulty	Mod. Difficulty	No difficulty
FUNCTION: Lifting 20 (+) lbs	Mod. difficulty	Mod. difficulty	No difficulty

### Assessment

When this patient began to feel ill, the moist heat was removed, the patient was given a glass of water, and blood pressure was taken. The patient continued to report some continued distress but stated that he would like to discontinue care and return home. The patient was asked to contact our office upon his return home but declined.

Today is Mr. Weisminkel's final visit on the current prescription. We have encouraged this patient to contact his physician regarding continued care. We anticipate that this patient will be discharged at this time, and expect that if continued care is necessary, it will not be for about 4-6 weeks.

### Short Term Goals in 2 weeks

Decrease pain rating level to 4 or better  
Improve ROM by 25%  
Establish Home Exercise Program

### Long Term Goals in 4 weeks

Decrease pain rating to level 2 or better  
Improve ROM to WNL  
Improve function with min. difficulty

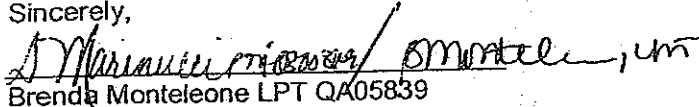
### Plan

This patient will be considered discharged from our care at this time. We will send this progress note to Mr. Weisminkel's physician for any follow-up visits, which may occur, and will await any recommendations as to the continued care of this patient.

Exercise/Modality Description	Sets/Reps/Wt. or Duration	5/2/2001	4/27/2001	4/26/2001	4/18/2001
Moist Heat - Lumbar	On Hold	On Hold	20	20	20
Electrical Stimulation	On Hold	On Hold	20	20	20
Knee to Chest - Single	On Hold	On Hold	On Hold	1/10/0	1/10/0
Hip Rolls	On Hold	On Hold	On Hold	1/10/0	1/10/0
Pelvic Tilts	On Hold	On Hold	1/10/0	1/10/0	1/10/0
L. Stab - Bilat. shoulder flex.	1/10/0	1/10/0	1/10/0	1/10/0	1/10/0
L. Stab - SLR	1/10/0	1/10/0	On Hold	1/10/0	1/10/0
Therapeutic Exercise - L.Stab-reciprical UE shoulder flexion supine	1/10/2	1/10/2	1/10/2	1/10/2	1/10/2
Therapeutic Exercise - L.Stab-reciprical knee-to-chest	1/10/0	1/10/0	1/10/0	1/10/0	1/10/0
Posterior Pelvic Tilts (PPT) - (to be added) in sitting	1/10/0	1/10/0	1/10/0	1/10/0	
PPT w/ (B) shld flex - (to be added) in sitting	1/10/0	1/10/0	1/10/0	1/10/0	
Treadmill - walking with PPT	5	5	On Hold	5	

Thank you for your referral. If you have any questions or concerns regarding the treatment program of your patient, please feel free to contact me. I will keep you informed of your patient's progress.

Sincerely,

  
Brenda Monteleone LPT QA05839

## Initial Evaluation

**Visit Date:** 4/2/2001  
**Name:** Kevin Meiswinkel  
**Number:** MEIK01  
**Social Security:** 146-66-9084  
**DOB:** 6/20/1961

**Problems:**

Lumbar Spine

**Referral:**

Silver, Seth M.

**Diagnosis:**

Lumbosacral, Sprain/Strain(846.0)

**Insurance:**

US Healthcare - Cap.

**Date of Onset:** 10/2/2000

### Subjective

Patient is a 39 year old male who presents to Physical Therapy for evaluation and treatment of lumbar sprain/strain. Patient reports onset of their symptoms beginning in October 2000 after falling and twisting his back. X-rays and MRI negative and patient told he was having spasms in the lower back. He reports that these spasms increase with physical activity. He describes feeling tight and sore. This patient's past medical history is unremarkable.

### Objective

An Initial Physical Therapy Evaluation was performed for this patient today. Please refer to the following objective findings, which were recorded today. This patient's treatment today consisted of moist heat with electrical stimulation for 20 minutes, followed by therapeutic exercise - 15 min. This patient was instructed in a beginning home exercise program which will be modified and advanced within this patient's tolerance.

### Objective Findings

Objective Finding	Initial	Goal
Pain Level	7	2
Lumbar AROM - Flexion - %	50	0
decreased		
Lumbar AROM - Extension - %	90	0
decreased		
Lumbar AROM - (R) Side Bending - %	50	0
decreased		

Lumbar AROM - (L)	50	0
Side Bending - % decreased		
Hamstring Length - Right	45	80
Hamstring Length - Left	45	80
Piriformis Tightness - right	severe	minimal
Piriformis Tightness - left	moderate	minimal
FUNCTION: ability to perform household tasks	Mod. diffi	No difficu
FUNCTION: ability to work	Mod. diffi	No difficu
FUNCTION: Lifting waist to overhead	Mod. diffi	No difficu
FUNCTION: Lifting floor to waist	Mod. diffi	No difficu
FUNCTION: Lifting 20 (+) lbs	Mod. diffi	No difficu

### Assessment

Patient was highly motivated during treatment. Patient tolerated this treatment program well. Rehabilitation potential for this patient is good. This patient was given an overview of the plan of treatment and goals. They understood well and consented to treatment. This patient was given the opportunity to ask questions about the treatment plan and goals.

### Short Term Goals( in 2 weeks)

Decrease pain rating level to 4 or better  
Improve ROM by 25%  
Establish Home Exercise Program

### Long Term Goals (in 4 weeks)

Decrease pain rating to level 2 or better  
Improve ROM to WNL  
Improve function with min.difficulty

### Plan

This patient is to be seen in physical therapy 3 times per week for 3 weeks for the following treatment program. We will advance this patient's therapeutic exercise program as tolerated.

Exercise/Modality Description	Sets/Reps/ Wt or Duration
Moist Heat - Lumbar	20
Electrical Stimulation	20
Knee to Chest - Single	1/10/0
Hip Rolls	1/10/0

Thank you for this referral. If you have any questions or concerns regarding the treatment program of your patient, please feel free to contact me. I will keep you informed of your patient's progress.

Sincerely,

*Pamela Montell*

0405638

### Assessment

Kevin Meiswinkel has attended physical therapy on a consistent basis. Although, this patient appears to be compliant with the home exercises, he has made minimal to no improvements in his overall condition. This patient remains extremely apprehensive with regard to the advancement of exercises, and performs all movements guardedly. At this time, short-term goals have not been achieved.

### Short Term Goals in 2 weeks

Decrease pain rating level to 4 or better  
Improve ROM by 25%  
Establish Home Exercise Program

### Long Term Goals in 4 weeks

Decrease pain rating to level 2 or better  
Improve ROM to WNL  
Improve function with min diff

### Plan

At this time, your patient's prescription has 1 visit remaining. If you would like us to continue providing rehabilitative services to this patient, please provide our office with an updated prescription. Will monitor existing treatment program and make modifications as appropriate. Progress report will be sent to physician for patient's follow up visit. Reviewed plan of care with supervising physical therapist.

Donna Marinucci, PTA QB00849

*Donna Marinucci* PTA QB00849

Exercise/Modality Description	Seis/R eps/Wt or Durati on	6/28/2001	6/27/2001	6/26/2001	6/21/2001
<b>Moist Heat - Cervical</b>	10	10	10	10	10
<b>Ultrasound -- concentrated on left</b>	8	8	8	8	8
<b>Cervical Right &amp; Left Rotation</b>	1/10/0	1/10/0	1/10/0	1/10/0	1/10/0
<b>Cervical Right &amp; Left Side</b>	1/10/0	1/10/0	1/10/0	1/10/0	1/10/0
<b>Bending</b>					
<b>Cervical Axial Extension</b>	1/10/0	1/10/0	1/10/0	1/10/0	1/10/0
<b>Stretching -- pectoralis</b>	1/10/0	1/10/0	1/10/0	1/10/0	1/10/0
<b>Written home instruction</b>	1/10/0	1/10/0	1/10/0	1/10/0	1/10/0
<b>Airdyne Bike -- (UE w/ chin tuck)</b>	10	10	10	10	10
<b>TO BE ADDED</b>					

Thank you for your referral. If you have any questions or concerns regarding the treatment program of your patient, please feel free to contact me. I will keep you informed of your patient's progress.

Sincerely,

*B. Monteleone*

Brenda Monteleone LPT QA05839



**Hand Surgery & Rehabilitation Center***Comprehensive care...all within your reach.*

LIBERTY MUTUAL INS CO  
PO BOX 31204  
TAMPA, FL 33631

RE: KEVIN MEISWINKEL  
Initial Evaluation  
Office Visit: April 26, 2001

I have seen Mr. KEVIN MEISWINKEL in consultation today. He was previously treated for left cubital tunnel syndrome. This has worsened symptomatically. He also now complains of numbness and tingling in his hand consistent with left carpal tunnel syndrome. He has tenderness over the radial border of the wrist which may represent tendinitis in his FCR tendon.

In the course of his work he is required to carry heavy briefcase and constantly repetitively use his hand on a laptop. This has most likely aggravated his tendon and nerves in his left arm.

•Frederick L. Ballat, M.D.  
•Thomas G. Stackhouse, M.D.  
•Eric D. Strausz, M.D.  
•Allen R. Barkowitz, M.D.

**DIAGNOSIS**

Left cubital tunnel syndrome

Possible left carpal tunnel syndrome

•Francis J. Bonner Jr. MD  
Rehabilitative Medicine

**RECOMMENDATIONS:**

•Patricia M. Bowa, OTR/L, CHT  
•Brenda L. Fisher, OTR/L, CHT  
•Deborah A. Rider, OTR/L, CHT  
•Robert G. Janszen, OTR/L, CHT

I have recommended neurometric testing and follow up subsequently. This is a work related process.

•5000 Sagemore Drive  
Suite 103  
Marlton, NJ 08053  
(856) 983-HAND (4263)  
Fax (856) 983-9362

•17 West Red Bank Avenue  
Suite 107  
Woodbury, NJ 08096  
(856) 845-2557  
Fax (856) 845-8422

•www.TheHandDoctors.com

## EMG of KEVIN MEISWINKEL

Motor	Right Median	Right Ulnar	Left Median	Left Ulnar	Normal Values
A. Conduction Velocity Elbow to Wrist	56		46	51	> 45 m/s.
Above to below elbow				50	> 40 m/s.
Erb's point to elbow				40	> 65 m/s.
B. Latency - Motor Wrist to muscle	3.9 (10 mv)		3.8 (10 mv)	3.1 (8 mv)	< 4.5 msec.
Latency - Sensory Wrist to index finger	3.6 (30 mv)		3.9 (28)		< 3.6
Wrist to little finger				4.2 (15 mv)	< 4.0 msec.

	RIGHT	LEFT
Radial Sensory	3.0 (7 mv)	3.2 (7 mv)
Median to thumb	3.2 (20 mv)	3.3 (29 mv)
Palmar		
Posterior interosseous nerve		