

Clinical Assessment Form

Employee: JOHN THEN

Social Security: :

Employee Occupation/Title: City Transit Driver

Illness Date: August 2004

If Injury, How, When and Where: INJURY sustained at home. EE fell dislocating Right Shoulder

Primary and other Diagnoses affecting functionality: RIGHT shoulder dislocation; RIGHT shoulder labral tear; RIGHT rotator cuff tear

Signs and Symptoms: Pain in shoulder, Normal motor strength however has not regained full range of motion

Treatment Plan: Continue with extensive rehabilitative physiotherapy including current passive exercises to progress to active exercises and followed by resistive training

EE HAD SURGERY on 12/9/04 of Right Shoulder arthroscopy with type I SLAP tear, R shoulder open rotator cuff repair and biceps tendinosis with open subacromial decompression

Current Functional Limitations: Has not regained full range of motion; Inability to steer a bus; Unable to do overhead work

Recommendations:

EE is a 57 yr old overweight male with a complex medical history. EE sustained injuries following a fall at home on his lawn including a Right shoulder dislocation. EE was seen in the emergency room subsequently and underwent conservative treatment including a closed reduction and physiotherapy. EE was referred to orthopedics, and eventually to a surgeon.

After several diagnostic tests including Xrays, CT's and MRI's, it was noted that the patient was not having much resolve from conservative treatment and surgery was pursued. On December 9,2004, EE underwent Right Shoulder arthroscopy with type I SLAP tear, R shoulder open rotator cuff repair and biceps tendinosis with open subacromial decompression. Following most recent post-operative appt available on file of January 13/05, EE was beginning to feel much improvement, was better tolerating pain, however still has not regained full range of motion. EE was continuing in extensive therapy which was to progress to active-assistive range of motion. EE's surgeon still however does not want EE to do any resistive training until full range of motion is regained and to be further discussed at a visit in March 2005. BASED ON ALL INFORMATION ON FILE, EE REMAINS CURRENTLY TOTALLY DISABLED FROM PERFORMING HIS CURRENT JOB AS A TRANSIT DRIVER, HOWEVER IS NOT PERMANENTLY DISABLED AND SHOULD BE ABLE TO RETURN TO HIS REGULAR JOB BY APRIL 2005.

NOTE

New information received dated 4/20/05: ROM has improved, EE will continue strengthening exercises as he re-enters the work force.

*** ORIGINAL DECISION REMAINS.... Medical supports ability to re-enter work force in April 2005

Case Manger: Janice Sabharwal

Date prepared: 8/17/05

Phone: 860-321-3528

City of Gainesville
DISABILITY PENSION PLAN
Application for Pension

050531

TO: CITY COMMISSION

Application for pension under the City of Gainesville Disability Pension Plan is hereby made for:

Name: **John Then** Employee ID #: 11780
Application Date: **December 21, 2004** Effective Date:
Pension Service Date: **September 24, 2001** Date of Birth: **March 2, 1948**
Position: **Transit Operator** Department: **RTS**
Home Address: **63 NW 48TH BLVD** City **GAINESVILLE**
State / Zip **FL 32607**
Home Telephone Number: **378-4907**

STATEMENT OF DISABILITY: *Shoulder surgery recently performed and may not be successful. Rehab scheduled for 6 weeks with reevaluate at that time.*

You are hereby advised that if after retirement has been approved and/or benefits paid, it is determined that the initially projected or actually paid benefit amount was higher or lower than the member, retiree, or beneficiary was entitled to, then such benefit may be adjusted so as to provide the actuarial equivalent of the benefit to which the member, retiree, or beneficiary was entitled.

You are also advised that you must comply with all reasonable requests of the City of Gainesville to recertify annually your eligibility to receive pension benefits as provided in Section 2-527(m) of the City of Gainesville Code of Ordinances.

John Then

SIGNATURE OF MEMBER

REVIEWED BY:

[Signature] 10 Jan 05
Department Head

[Signature]
Special Authority

Disability Review Committee Recommendation:

[Signature]
City Manager
Disability Review Committee

Approve Deny

(Circle one)

9-22-05
Date of Meeting

City Commission Action:

Approval Denial

(Circle one)

Mayor

Date of Action