

# Okaloosa Island Firefighter's Pension Trust Fund

## Special Meeting of the Board of Trustees

April 24, 2019

*Note -*

*Please be advised that any person deciding to appeal a decision by the Board of Trustees will need a record of the proceedings and for such purposes may need to ensure that a verbatim record of such proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.*

*In accordance with the Americans with Disabilities Act, persons needing assistance to participate in any of these proceedings should contact Danie Pelkey, telephone number (850) 244-5373 x 201, no later than 5 days prior to the proceeding for assistance.*

### Agenda

#### I. Call to Order

- A. Start Time:
- B. Present:
- C. Absent:

#### II. Proof of Notice

- A. Posted:
- B. Updated:
- C. Approval of the Agenda:

III. New Business – Hearing to consider the requested disability retirement for Frank Crowder

#### IV. Adjournment

**BOARD OF TRUSTEES OF THE  
OKALOOSA ISLAND FIRE DISTRICT FIREFIGHTERS  
RETIREMENT TRUST FUND**

IN RE:

**FRANK CROWDER,**

Applicant.

**NOTICE OF INFORMAL HEARING**

TO: FRANK CROWDER  
72 Laurie Drive N.E.  
Fort Walton Beach, FL 32548

**YOU ARE HEREBY NOTIFIED** that the undersigned is set for hearing before the Board of Trustees of the Okaloosa Island Fire District Firefighters Retirement Trust Fund, the request for Disability Pension on **Wednesday, April 24, at 9:00 AM** at the following location:

**Okaloosa Island Fire District  
104 Santa Rosa Blvd.  
Fort Walton Beach, FL 32548**

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# ALL FLORIDA ORTHOPAEDIC ASSOCIATES

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Spinal Surgery, General Orthopaedics

Michael J. Smith, M.D.

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Dzi-Viet P. Nguyen, D.O.

Hand/Upper Extremity, General Orthopaedics

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Trauma/Pelvic Reconstruction, Anterior Total  
Hip Arthroplasty, Revision Joint Reconstruction

Todd P. Beery, D.O.

Interventional Physiatrist

Jeff D. Kopelman, D.P.M.

Podiatry

Stephen C. Anderson, M.D.

Radiology

April 15, 2019

**RE:**

Frank Crowder

**DOB:**

07/23/1971

**AFO #:**

876180

**Provider:**

Michael J. Smith, M.D.

**Provider NPI:**

1750366076

To Whom It May Concern:

Frank Crowder's evaluation shows unstable knees that would be a permanent disability with permanent restrictions and would be unable to return to work full duty as a firefighter.

Sincerely,

Michael J. Smith, M.D.

Board Certified, American Board of Orthopaedic Surgery  
Fellow, American Academy of Orthopaedic Surgeons  
Arthroscopic Surgery and Sports Medicine  
Total Joint Replacement  
Orthopaedic Surgery

MJS/shs

JB#0525

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*Radiology*

## COMPULSORY MEDICAL EVALUATION

**Date of Exam:** 04/01/2019  
**Patient Name:** Frank Crowder  
**Date of Birth:** 07/23/1971  
**Date of Injury:** 05/10/2017  
**AFO #:** 876180  
**Provider:** Michael J. Smith, M.D.  
**Provider NPI:** 1750366076

## CHIEF COMPLAINT

Bilateral knees

## HISTORY OF PRESENT ILLNESS

The patient is a 47-year-old who states he was at work doing a training exercise where he had to throw someone out a window. During the exercise his knees buckled and he tore bilateral knee ACLs. He had two left knee previous ACL surgeries, a work related injury in 2015 and the other a non-work related injury. The patient states that after the 2017 injury he had his right ACL reconstructed in October 2017. He declined a third ACL reconstruction in his left knee since he was told it was not common and the chance of a full recovery was not good. The patient states his current symptoms are severe pain and instability in both knees. He currently takes Lortab for pain. He states he exercises at home and he will wear braces if needed.

MRI right shoulder, 6/25/2010, Orthopaedic Associates, Barry Riggs, M.D. shows acute tear of the free edge of the rotator cuff full thickness with transverse ligamentous injury and diffuse disruption of the biceps tendon; defect in the posterior humeral head.

MRI right shoulder, 9/15/2010, Orthopaedic Associates, Barry Riggs, M.D. shows marked worsening of an anterior rotator cuff tear distal supraspinatus; prior SLAP repair with no complicating features.

The patient notes he had three previous back surgeries. He notes his back gives him a lot of symptoms as well.

MRI left knee 10/31/2011, Orthopaedic Associates reveals torn medial meniscus with torn ACL.

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X-ray bilateral knees, 11/7/2011, Orthopaedic Associates reveals no fractures, dislocations, or degenerative changes.

X-ray bilateral knees, Emerald Coast Sports Medicine and Orthopaedics, P.A. shows no fractures or dislocations.

MRI right knee, 5/22/2017, Emerald Coast Sports Medicine and Orthopaedics, P.A. shows complete ACL tear and partial PCL tear.

MRI left knee, 5/22/2017, Emerald Coast Sports Medicine and Orthopaedics, P.A. shows complete ACL tear.

MRI right knee, 6/14/2017, Emerald Coast Sports Medicine and Orthopaedics, P.A. shows ACL tear and partial PCL tear.

MRI left knee, 6/14/2017, Emerald Coast Sports Medicine and Orthopaedics, P.A. shows ACL graft not well visualized.

X-ray left knee, 7/12/2017, Emerald Coast Sports Medicine and Orthopaedics, P.A. shows decreased joint space medial compartment.

MRI right knee, 7/12/2017, Emerald Coast Sports Medicine and Orthopaedics, P.A. shows ACL tear and partial PCL tear.

MRI left knee, 7/12/2017, Emerald Coast Sports Medicine and Orthopaedics, P.A. shows ACL graft not well visualized.

X-ray bilateral knees, 7/17/2017, Emerald Coast Sports Medicine and Orthopaedics, P.A. shows no fracture, no joint space narrowing.

X-ray bilateral knees, 7/24/2017, Emerald Coast Sports Medicine and Orthopaedics, P.A. shows no fracture, no joint space narrowing.

X-ray bilateral knees, 8/16/2017, Emerald Coast Sports Medicine and Orthopaedics, P.A. shows no fracture, no joint space narrowing.

MRI lumbar spine, 9/8/2017, Institute of Diagnostic Imaging, Barry Riggs, M.D. shows L5-S1 large transligamentous disc herniation left paracentral and foraminal; disc deterioration L4-5 spurring and mild stenosis to the left with annular tear, spur, and significant stenosis to the right at the L4 root foramen.

X-ray spine, 10/31/2017, Florida Institute of Neuroscience, Bradley R. Brobeck, M.D. shows intraoperative surgical hardware.

MRI lumbar spine, 12/21/2017, Institute of Diagnostic Imaging, Barry F. Riggs, M.D. shows laminotomy and previous annulotomy and discectomy on the left at L5-S1, there is a new recurrent disc herniation compressing the adjacent epidural scar and lessly the descending left S1 root; annular tear at L4-5; no fracture.

X-ray spine, 1/4/2018, Florida Institute of Neuroscience, Craig R. Cazenave, M.D. shows markers placed at L5-S1.

X-ray lumbar spine, 5/17/2018, Fort Walton Beach Medical Center, Bradley R. Brobeck, M.D. shows intraoperative anterior fusion at L5-S1 with good positioning of the surgical hardware.

X-ray lumbar spine 5/18/2018, Fort Walton Beach Medical Center, Eric J. Duffy, M.D. shows no visible complication status post anterior lumbosacral interbody fusion.

X-ray lumbar spine 12/12/2018, Florida Institute of Neuroscience, Craig R. Cazenave, M.D. shows postsurgical changes, no acute findings.

Reviewed in conjunction with this examination are records from:

1. Orthopaedic Associates – Theodore Macey, M.D.;
2. Emerald Coast Sports Medicine and Orthopaedics, P.A. – Leo C. Chen, M.D.;
3. Institute of Diagnostic Imaging;
4. Fort Walton Beach Medical Center – Noah R. Converse, D.O.;
5. Florida Institute of Neuroscience;
6. White-Wilson Medical Center, P.A.;
7. Immediate Care Clinic;
8. John C. Dali, M.D.;
9. Gulf Coast Immediate Care Center, Inc.;
10. Aaron B. Stein, M.D.;
11. James P. Wilson, M.D.

## PHYSICAL EXAMINATION

He is 6 feet 2 inches, weighs 190 pounds.

Physical examination reveals a 47-year-old, well-developed, well-nourished individual who is alert and oriented. The patient is right hand dominant.

### Examination of the bilateral knees reveals:

**GAIT:** Normal

**RANGE OF MOTION:** 0 - 135 degrees

### INSPECTION/PALPATION:

Tenderness	Right knee medially and laterally with crepitus
Effusion	None
Masses	None

### LIGAMENT STABILITY:

Patellar apprehension sign	Negative
Retropatellar crepitation	None
Lachman test	Positive bilateral knees

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Pivot-shift test	I+ bilateral knees
Anterior drawer sign	Positive right knee
Posterior drawer sign	Negative
Varus and valgus stressing	Negative at 0 to 30 degrees
McMurray's test	Negative

**MUSCLE:**

Atrophy	none
Strength	5/5

**NEUROVASCULAR:**

Coordination	Normal
Deep tendon reflexes	Normal
Sensation	Normal

**VASCULAR:**

Pulses, temp, edema	Normal
Swelling	None
Color, varicosities, capillary filling	Normal

**SKIN:**

Scars	Healed bilaterally
Lesions	None

**DIAGNOSIS**

Recurrent ACL tears bilaterally

**DISPOSITION**

This patient has had multiple surgeries on both knees. He had an ACL injury to his left knee from a Workers' Compensation accident. He had an ACL reconstruction in his left knee on 11/15/2011 by Dr. Theodore Macey. He had a partial medial and lateral meniscectomy of the left knee using an autograft patellar bone. After that he says he recovered and had no problems. He then reinjured his left knee and had to have a repeat ACL reconstruction of his left knee on 1/3/2017 by Dr. Theodore Macey again where he had an ACL repeat reconstruction with allograft. He said after this he still had some problems but returned to work. He then reinjured his left knee and his right knee on a Workers' Compensation injury on 5/10/2017 when he was training working on transporting victims in and out of a facility. He then saw Dr. Leo C. Chen for this and on July 15, 2017 he had a right knee arthroscopy, ACL reconstruction using ipsilateral hamstring tendon with a partial medial meniscectomy, and extensive lateral femoral chondroplasty and removal of multiple loose bodies. He says after this he still had problems of his right knee.

There was concern about doing a third reconstruction of his left knee ACL and was talked to about possibly doing a total knee replacement on the left. From the most recent injury he has not had any surgical procedures for the 5/10/2017 injury.

Currently he has pain in both knees on a daily bases. He says both knees wobble and give out on him unexpectedly. He says he has braces at home for both knees that he wears on an as needed bases. He has not

worked since the Workers' Compensation accident of 5/10/2017. He is taking narcotics three times a day for his knees but he has also had recent back surgery and a fusion. He has had previous microdiscectomies in the past, but he says he has recently had a fusion on 5/17/2018.

Reading through the patient's records, he has also had rotator cuff problems in the past and had repeat repairs of a torn rotator cuff.

The patient has unstable knees and should not be allowed to return to a job as a firefighter where they require vigorous activities such as climbing ladders and lifting heavy objects. According to his records, his instability is due to the described job-related injuries on multiple Workers' Compensation forms. I would classify him as totally disabled from being a firefighter and can only do a light duty sedentary occupation and would not be safe doing firefighting duties with his unstable knees. Coupled with this is the fact that he also has back and shoulder issues with past problems and most recently had a lumbar fusion. The lumbar fusion would also preclude him from returning to work in the capacity as a firefighter.

All of these opinions have been stated with a reasonable degree of medical certainty and probability.



Michael J. Smith, M.D.  
Board Certified, American Board of Orthopaedic Surgery  
Fellow, American Academy of Orthopaedic Surgeons  
Arthroscopic Surgery and Sports Medicine  
Total Joint Replacement  
Orthopaedic Surgery

MJS/shs

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