James W. Thomson Jr., PT, MSPT

14542 Monrovia Lane
Fort Myers, FL 33905
jthomsonmspt@gmail.com
480.540.0112

April 16, 2026

Ms. Jane Doe, Attorney At Law, LLC
1234 First Avenue
Somewhere, FL 12345
Attention: Jane Doe

Re: Joe Smith vs, Shoddy Therapy Services and Staff

Dear Ms. Doe:

Opine from James W. Thomson Jr., PT, MSPT in regards to the care provided to Mr. Joe Smith by the physical therapy staff at Shoddy Therapy Services, specifically Raggedy Ann, PT, DPT, Ennie Meenie, PT, DPT, Fred Flincstone, PT, DPT, Ginger Snap, PTA.

I. CREDENTIALS OF JAMES W. THOMSON JR., PT, MSPT

1. 30 years of clinical experience in a variety of settings; including outpatient orthopedic, acute care, inpatient rehabilitation, sub-acute rehabilitation, short-term rehabilitation, and long-term care.
2. Orthopedic experiences within hospital-based clinics, an Occupational Health clinic, privately owned therapy clinics, and orthopedic-based offices.
3. Orthopedic experiences include: general orthopedic injuries, post-surgical rehabilitations, Worker's Compensation cases, and Personal Injury cases.
4. Familiar with the use of electrical stimulation techniques utilized during physical therapy.
5. Over 22 years experience in Clinical Management positions.
6. Over seven years of business ownership of ThomsonStaffing (rehabilitation staffing company).
7. 15+ years of providing medico-legal work for a number of attorneys/law offices in AZ, OH, CO, NY, NJ and PA.
8. Advanced-trained in WorkWell System for Functional Capacity Evaluations ("FCE"), having performed over 300 FCEs.

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II. PHYSICAL THERAPY AND PHYSICIAN NOTES REVIEWED

1. Shoddy Physical Therapy Services notes dated September 17, 2019 through November 8, 2019
2. Orthopedic note (King Kong, MD) dated September 30, 2019
3. Orthopedic note (Chandler Bing, MD) dated December 4, 2019
4. Orthopedic notes (Knight Rider, PA-C, King Kong, MD) dated November 11, 2019; August 21, 2019; August 5, 2019; July 22, 2019; July 3, 2019
5. Telephone conversation note (Dr. King Kong)
6. Orthopedic addendum note (Knight Rider, PA-C, Dr. King Kong, MD) dated October 24, 2019
7. Operative Procedure Report (Dr, King Kong dated July 9, 2019)

III. SUMMARY

As per Mr. Joe Smiths' affidavit, he reported on October 23, 2019, during his physical therapy session at Shoddy Therapy Services, he experienced pain while receiving treatment with the combination of interferential current and ice/cold pack. Mr. Smith reported that the electrodes were not sticking to his skin. He also reported that staff wrapped his leg with something cold. Mr. Smith reported increased pain when the intensity of the current was increased. Eventually, staff decreased the intensity. However, post-treatment, after the IFC and ice/cold pack were removed, Mr. Smith continued to report pain.

Similar documentation was noted in Chandler Bing, MD, notes dated December 4, 2019. In his notes, he documented that "He [Mr. Smith] said that at the time of the procedure he said they turned the electrodes up and he initially did not feel anything, but he started to feel a burning sensation. He notes that it was not the same individual who usually does his treatments. He states that it felt different and as the procedure went on it started to get worse and at the point that when they finished the treatment he still felt a burning sensation even though it was time to leave and then this persisted throughout the next several days".

IV. STANDARD OF CARE FOR PHYSICAL THERAPY

In Physical Therapy ("PT"), the Standard of Care is the level of skill, knowledge and treatment a reasonably prudent and competent physical therapist would provide under similar circumstances, guided by evidence and professional ethics.[1] It's the benchmark used to judge if a physical

[1] www.thelawdictonary.org; Standard of Care Definitions and Citations

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therapist acts appropriately, ensuring patients receive accepted, appropriate care, not necessarily the best care, but care consistent with what other qualified professionals would offer in the same situation. This includes:

1. *Performing thorough evaluations*
2. Developing appropriately individualized treatment plans
3. *The specificity of the treatment technique being rendered*
4. *Monitoring patient response*
5. *Adjusting interventions to ensure safety*

Failure in any of these areas may constitute a breach.

V. DEFINITION, INDICATIONS, AND CONTRAINDICATIONS OF ICE PACK/COLD PACK AND INTERFERENTIAL CURRENT

IFC, a form of electrical stimulation, is generally safe and non-invasive, commonly used for pain relief with minimal side effects. The most common side effects are (typically) minor, including skin irritation or rash beneath the electrodes. Rare, severe adverse reactions can include burns.[2] Burns during IFC therapy may be caused by excessive current intensity, improper electrode placement, or damaged electrodes that deliver an uneven distribution of current.[3] Evidence-based burn prevention measures for IFC treatments include, but are not limited to: regularly inspecting electrodes and the integrity of equipment (electrodes that have lost their adherence increase the risk of burns due to an increase in current over the portion of the pad that is adherent to the skin); cleaning the skin prior to applying electrodes to ensure optimum conductivity; staff should be supervised with adjusting current. IFC currents deliver higher frequency currents that penetrate deeper in the tissue. IFC can often reach several centimeters into muscles and tissue.[4] For example, the skin over the distal lateral tibia is relatively thin and close to the bone. The epidermal thickness is typically very thin (often less than 0.5mm), while the dermis adds roughly 1-2mm of thickness. ("see footnote 4") As a comparison, the thickness of a single US penny is roughly 1.5mm thick.[5] Therefore, if IFC is applied with too great of an intensity, tissue burns may occur.

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[2] www.HPSO.com Physical Therapy Case Study: Patient Sustained a Burn During Interferential Current Therapy
[3] Penetration and Spread of Interferential Current in Cutaneous, Subcutaneous and Muscle Tissues; Abulkhair Beatti et al. Physiotherapy. 2011 Dec.
[4] Soft Tissue Thermodynamics Before, During, and After Cold Pack Therapy; Chukuka S Enwemeka et al. Med Sci Sports Exerc. 2002 Jan.
[5] Wikipedia. Penny (United States Coin)

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Ice pack/cold pack therapy produces significant temperature falls in cutaneous and subcutaneous superficial tissues. Significant temperature drop of the skin and tissue up to 1cm below can occur as early as eight minutes**.** ("see footnote 4") Applying IFC in combination with ice increases the likelihood of an adverse effect, particularly the risk of electrical burn.[6]

VI. NO DOCUMENTATION OF SENSORY TESTING PERFORMED DURING INITIAL EVALUATION

During an initial evaluation, a physical therapist should evaluate and document skin integrity, neurological status, and ability to perceive pain or discomfort. ("see footnote 6")
A comprehensive Sensory Examination was not completed during the Initial Evaluation performed by Ms. Raggedy Ann on September 17, 2019.

VII. NO WRITTEN POLICIES, FORMAL TRAINING/ORIENTATION OR PROCEDURAL MANUAL PERTAINING TO CONDUCTING INTERFERENTIAL CURRENT TREATMENT

CMS ("Center for Medicare and Medical Services") recommends the use of a training manual to ensure all staff follow consistent, safe protocols, reducing the risk of adverse events like skin irritation or burns.[7]
Shoddy Therapy Service maintained no written policies, formal training/orientation program or procedure manual pertaining to conducting IFC treatments. No documentation existed that staff was trained and/or displayed competence in the proper use of electrical stimulation equipment during Mr. Smiths' treatment sessions. Any burn acquired during skilled physical therapy should be thoroughly documented in the medical record, including notification of the clinic supervisor and risk management. ("see footnote 6")

VIII. INADEQUATE DOCUMENTATION OF IFC INTERVENTIONS

The use of modalities during a physical therapy treatment session must be documented in detail; including the type of agent, parameters/settings, duration, and patient response. CMS requires

[6] Adverse effects of electrotherapy used by physiotherapists.Partridge CJ, Kitchen SS. Physiotherapy. 1999: 85:298-303
[7] www.HPSP.com. Centers for Medicare and Medical Services. Physical Therapy and Medical Malpractice. Case Study with Risk Management Strategies

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that documentation for electrical stimulation clearly shows the type of stimulation, area treated and patient response. ("see footnote 6") Prior to utilizing ice/cold pack and/or IFC as a treatment modality, a patient's neurological status, skin integrity and sensation should be assessed. Also if opting to utilize IFC, the application of ice/cold pack is not recommended due to the increased possibility of adverse effects. ("see footnote 6")

IFC parameters, including intensity, electrode placement and skin check post-treatment were not documented in Mr. Smiths' daily note(s). Nor did Ms. Raggedy Ann provide a rationale for initiating IFC treatment to Mr. Smiths' lower extremity on October 16, 2019. Post-treatment on the day of IFC initiation, Ms.Raggedy Ann did not document Mr. Smiths' response to treatment or perform a skin check to ensure Mr. Smith' skin integrity was intact. Similarly, there were no pre- or post-treatment skin checks, or Mr. Smith' response to treatment, documented by Ms. Raggedy Ann on October 18, 2019, Eenie Meenie, PT, DPT, on October 21, 2019, or Fred Flinstone, PT, DPT and Ginger Snap, PTA, on October 23, 2019 - the date of the skin burn to Mr. Smiths' lower leg.

IX. TREATMENT WAS PERFORMED OUTSIDE THE SCOPE OF PHYSICAL THERAPY

It is not within the Scope of Practice for a physical therapist to diagnose a burn or provide medical treatment.

Physical therapists can perform comprehensive wound care, however their scope focuses on restoring function, managing edema and offloading pressure, often working under physician referral to treat acute and chronic wounds.[8]

Ms. Raggedy Ann did not contact Dr. King Kong to discuss Mr. Smiths' burn until 14 days after the event occurred. Instead, on October 30, 2019, she opted to provide treatment in the clinic, utilizing Xeroform and band aids. On that same day, Ms. Raggedy Ann documented that she would continue to monitor the wound and treat as needed. However, there were no specific wound care orders provided to the clinic in order to properly treat Mr. Smiths' burn. Similarly, on November 7, 2019, Ms. Raggedy Ann documented - relating to Mr. Smiths' burn - that she would monitor again Friday and treat it as needed. Mr. Smith was instructed to change his dressing daily.

[8] www.APTA.org. APTA Analysis: The Value of Physical Therapy in Wound Care. Oct. 30, 2020

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X. TREATMENT SESSIONS PROVIDED WERE BELOW THE STANDARD OF CARE FOR PHYSICAL THERAPY

In the present case, Shoddy Therapy Services did not provide care consistent with accepted practice. Evidence suggests:

1. Incomplete Initial Evaluation
2. Lack of Proper Supervision During Treatments

These actions exposed Mr. Smith to unnecessary risk.

In the present case, Shoddy Therapy Services, conduct fell below established professional standards in several ways:

1. Failure to tailor interventions to Mr. Smiths' tolerance
2. Failure to modify treatment despite signs of distress or worsening symptoms
3. Ignoring established safety precautions

Reasonable therapists in similar circumstances would have taken steps to prevent harm.

In the present case, Shoddy Therapy Services, the connection between the therapists actions and Mr. Smiths' injury is evident. The harm occurred:

1. During the treatment
2. As a direct result of the therapists' chosen intervention
3. In a manner consistent with preventable clinic error
4. Due to lack of training when utilizing IFC
5. Due to not following CMS guidelines

Thus, the therapists' breach was the proximate cause of Mr. Smiths' injury.

In the present case, Shoddy Therapy Services, documentation and communication were inadequate, as well as the harm due to working outside the Scope of Practice:

1. Missing treatment notes for specific interventions
2. Failure to record adverse reactions
3. Failure to notify the physician in a timely manner after onset of skin burn

These deficiencies further support a finding of substandard care.

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XI. CONCLUSION

In conclusion, the staff at Shoddy Therapy Services breached the applicable Standard of Care through lack of policies and procedures, training manuals, competency performance regarding the use of IFC; the substandard documentation of objective measurements, as well as treatment rationale, parameters, patient response, and proper skin assessment; the lack of supervision during the use of IFC; poor communication between healthcare providers; and providing care outside the Scope of Practice for Physical Therapy, and failure to respond appropriately to Mr. Smiths' needs.

By falling below the Standard of Care for Physical Therapy, Mr. Smith sustained a skin burn during his treatment session at Shoddy Therapy Services on October 23, 2019. Subsequently, this required Mr. Smith to undergo additional medical treatments, including wound care and skin grafting. Therefore, Mr. Smith endured increased lower leg pain, unnecessary suffering, and prolonged healing during his rehabilitation recovery.

All of my opinions are made within a reasonable degree of professional and physical therapy certainty based on the records available. I reserve the right to supplement and/or revise my opinion should additional documentation become available.

Yours in health,

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