EXHIBIT A

Gary S. Nitsche, P.A.*
Joel H. Fredricks–
Rachel D. Allen*

James Gaspero, Jr.–
Caroline A. Kamiński –
Robert S. Hunt, Jr. –

* Also admitted in PA & NJ
– Also admitted in PA
* Also admitted in MD

NITSCHE & FREDRICKS, LLC
ATTORNEYS AT LAW

305 North Union Street, Second Floor
P.O. Box 2324
Wilmington, DE 19805
Phone (302) 655-4040
Fax (302) 654-4892
www.nitschefredricks.com

Bear Office:
101 Becks Woods Drive
Suite 105
Bear, DE 19701
(302) 834-4040

Smyrna Office:
33 Deak Drive, Suite 102
Smyrna, DE 19977
(302) 389-4040

E-mail: Jfredricks@attys4u.com

May 12, 2026

Adrienne T. Ponzo
335 Latrobe Drive
Newark, DE 19702

RE: Your Work Related Accident of Tuesday, December 30, 2025

Dear Adrienne:

Please be advised that defense counsel has scheduled a medical examination for you on **June 18, 2026 at 11:30 am** with **Eric T. Schwartz, M.D.**. The office is located at 230 Beiser Boulevard Suite 100, Dover, DE 19904. The telephone number is (302) 730-0840 should you need directions. It is important that you keep this appointment. **Failure to keep the appointment can result in cancellation fees to you, delays or even in dismissal of your case.** If you do not attend this examination, you will be charged a significant "no-show" fee. Also, please be on time for the appointment since the doctor may not see you if you are late.

Also, please bring with you a photo ID. Failure to provide a photo ID may result in the cancellation of the appointment and a fee may be imposed.

First State Medical Associates LLC
2055 Limestone road, suite 111
Wilmington , DE 19808
Tel. 302-9998169; Fax. 302-9998190
firststatemedical@yahoo.com

05/18/2026

To Whom It May Concern
RE: Adrienne Ponzo, DOB-01/09/1975

I am writing this letter in support of above-mentioned patient of mine. Ms. Ponzo has a history of severe asthma with recurrent exacerbations warranting multiple emergency room visits and intensive room admissions, sometimes with intubation and being placed on a respirator.

She is currently on maintenance treatment including Proventil HFA 2 puffs every 6hrs, Albuterol nebulization 2.5 mg q 6hrs as needed and Advair Diskus 500 mcg-50mcg inhalation 1 puff bid. She needs to follow up regularly for monitoring and treatment to avoid worsening of condition and hospitalization.

If you have any questions, do not hesitate to call.

Yours Truly

Franklin Ampadu, M.D.

First State Orthopaedics
4745 Ogletown-Stanton Road
Suites 225
Newark, DE 19713-1338

New Castle Locations
Phone: (302) 731-2888
Fax: (302) 355-4434

Kent County Locations
Phone: (302) 735-8700
Fax: (302) 735-8703

Patient: Adrienne Ponzo **MR #:** 000000671864 **DOB:** 01/09/1975 **Age:** 51 year old
Date of Visit: 02/03/2026

Date of Injury: 12/30/2025

Height:

Weight: **BMI:** 52.13

Adrienne Ponzo was seen in our office today, Tuesday, February 3, 2026. The following is a summary of today's visit.

Chief Complaint/Reason for visit:
This 51 year old female presents for low back pain.

Current Symptoms
low back pain
Onset: 12/30/2025. The patient is currently describing posterior LBP, left leg pain and left buttock. Back pain is greater than leg pain. BP is % and LP is %. There was radiation of pain to the left post thigh and left lat thigh. The patient rates their symptoms as a 8 on a scale of 0 to 10. The problem has worsened . The frequency is constant. Location of numbness/tingling is in the left post thigh. She describes the pain as severe, aching and shooting. Location of weakness is in the left hip. Aggravating factors include bending, changing positions, lifting, sitting, driving, walking, standing and all activities. Denies relieving factors. Symptoms failed to improve with time. Associated symptoms include balance disturbances, spasms, gait disturbances and weakness.

HPI
Adrienne Ponzo is a 51-year-old female who presents for evaluation of low back pain following a work-related injury on 12/30/2025. She works as a battery decorator operator at Theragun's and slipped on a battery handle, falling onto concrete and landing on her back. Since the injury, she has experienced constant low back pain rated as 10/10 at its worst, which is aggravated by sitting, standing, bending, lifting, and twisting. She reports difficulty performing activities of daily living, including lifting her two-year-old son, tying her shoes, and sleeping in bed due to pain. She has been sleeping in a media room chair for comfort. She also notes intermittent shooting pain into both legs, left greater than right, which occurs with prolonged standing, such as washing dishes. She describes the back pain as radiating and worsening with lumbar movement.
She visited occupational health initially, where she was advised to use ice, but her pain has progressively worsened. She has not undergone physical therapy or chiropractic care. Her primary care physician prescribed medications but recommended seeing a pain management specialist, which she has not yet done. She visited the emergency room on 1/21 due to excruciating pain and was evaluated for urinary urgency and incomplete bladder emptying, which she attributes to the injury. She denies incontinence but reports residual bladder symptoms.
She has difficulty standing from a seated position and maintaining a neutral spine position. She experiences worsening pain with lumbar flexion and extension and is approximately five degrees shy of neutral spine position. She has weakness in her right hip flexors, right knee extension, and right dorsiflexors, rated as 4/5.

PE

- Difficulty standing from a seated position.
- Difficulty standing in a neutral spine position.
- Worsening pain with lumbar flexion past neutral.
- Approximately five degrees shy of neutral spine position.
- Weakness in right hip flexors 4/5, right knee extension 4/5, right dorsiflexors 4/5.
- Positive right straight leg raise.

Assessment/Plan

Lumbar spondylosis(M47.816)

Lumbar paraspinal muscle spasm(M62.830)

Plan

Recovery and GO/compression unit was ordered for the patient today. Recovery and GO provides intermittent cold/compression to direct edema, pain, and swelling from the lumbar spine and towards the heart, promoting venous return, enhancing circulation, and controlling pain without the risks of addiction or harmful side effects.

I am prescribing the Smart-Stim (TEJSD) device, FDA-cleared for the treatment of joint pain and muscular discomfort. Based on my medical examination and clinical expertise, I deem it medically necessary to provide temporary pain relief for the patient's lumbar spine pain, which may involve both joint and muscular pain, including the paraspinal muscles. The Smart-Stim device delivers electrical stimulation to reduce pain, alleviate symptoms associated with arthritis, and help relieve muscular tension and spasms in the lumbar paraspinal regions. The recommended treatment time is 15 minutes, with use every 2 to 4 hours as needed.

The patient will proceed with a formal course of physical therapy at Rise PT. She will be provided with a list of recommended supplements, including turmeric, magnesium glycinate, and vitamin B12. She will also be provided with a list of topical medications, including diclofenac gel and Lidoderm patches, which will be sent to her pharmacy.

I will see her back in six weeks for reevaluation. We may proceed with interventional spine care treatment during her next office visit if warranted. Conservative treatment with physical therapy and medications was discussed in full detail. She was advised to remain at work at this time.

PT Order Information

Physician Goals include pain relief, increased function, activities of daily living., ROM, stretching, heat, stim, massage, postural exercises, proper lifting techniques, core strengthening Physical Therapist to evaluate and treat. for a duration of 6 weeks.

Medications Ordered this Encounter:

Brand	Dose	Sig Desc
DICLOFENAC SODIUM	3 %	apply by topical route 2 times every day to effected areas
LIDOPRO PATCH	4 %-0.1 %-0.5 %	Apply 1 patch by topical route 2 times per day (May wear up to 12 hours)

Provider

Mikhail PA-C, Alexandre 02/03/2026 10:16 AM

CC Providers:

First State Orthopaedics
4745 Ogletown-Stanton Road
Suites 225
Newark, DE 19713-1338

New Castle Locations
Phone: (302) 731-2888
Fax: (302) 355-4434

Kent County Locations
Phone: (302) 735-8700
Fax: (302) 735-8703

Patient: Adrienne Ponzo **MR #:** 000000671864 **DOB:** 01/09/1975 **Age:** 51 year old
Date of Visit: 03/26/2026

Date of Injury: 12/30/2025

Height: 5ft 6in

Weight: 323lb 146kg **BMI:** 52.13

Adrienne Ponzo was seen in our office today, Thursday, March 26, 2026. The following is a summary of today's visit.

This 51 year old female.

HPI
Adrienne Ponzo is a 51-year-old female who presents for a follow-up visit. She reports persistent lower back pain radiating down her legs, with the back pain being significantly worse than the leg pain. She also notes neck pain. The pain has impacted her daily activities, including difficulty standing in the shower, inability to lift her 22-month-old child, and challenges with driving due to numbness in her legs. She attempted physical therapy but was unable to continue due to missed appointments related to family circumstances, including her son's RSV pneumonia. She has not experienced improvement with time, rest, medications, or physical therapy. She is seeking more aggressive treatment options.

Assistant Comments
Lumbar fu

PE
- Difficulty standing from a seated position.
- Difficulty maintaining a neutral spine position.
- Worsening pain with lumbar extension past neutral and forward flexion at 10 degrees.
- Weakness in right hip flexors, right knee extensions, and right dorsiflexion (4/5 strength).
- Positive right straight leg raise.

Assessment/Plan
Muscle spasm of back(M62.830)

Plan
The patient and I discussed proceeding with a bilateral L4-L5 facet joint nerve block. This procedure will be used for both diagnostic utility and therapeutic value. The patient was instructed to keep a pain diary before and after the procedure to document pain levels hourly. If the diagnostic block demonstrates significant pain relief, the next step will be a radiofrequency ablation to provide longer-term relief for approximately 12 to 18 months.

The patient was educated on the procedure, including the use of lidocaine for diagnostic purposes and the option for sedation during the injection. She opted for sedation and was advised not to eat for six hours prior to the procedure and to arrange for a driver.

Given her lack of improvement with physical therapy, medications, and rest, this approach is considered the next step before surgical intervention. The patient was also provided with reading materials regarding the procedure.

She will remain out of work at this time, with work status updated from office visit to office visit. The patient is in agreement with the plan and will call back with any questions or concerns.

Provider

Mikhail PA-C, Alexandre 03/26/2026 1:36 PM

CC Providers:

First State Orthopaedics

4745 Ogletown-Stanton Road
Suites 225
Newark, DE 19713-1338

New Castle Locations
Phone: (302) 731-2888
Fax: (302) 355-4434

Kent County Locations
Phone: (302) 735-8700
Fax: (302) 735-8703

Patient: Adrienne Ponzo **MR #:** 000000671864 **DOB:** 01/09/1975 **Age:** 51 year old
Date of Visit: 05/14/2026

Date of Injury: 12/30/2025

Height: 5ft 6in

Weight: 323lb 146kg **BMI:** 52.13

Adrienne Ponzo was seen in our office today, Thursday, May 14, 2026. The following is a summary of today's visit.

This 51 year old female.

HPI
Adrienne Ponzo is a 51-year-old female who presents for reevaluation of her lumbar spine. She is status post bilateral L4-L5 facet joint nerve block completed by Dr. Ginsberg on 04/20/2026, which provided no relief. She followed up with Dr. Ginsberg on 04/28/2026, who recommended a steroid injection at L4-L5 on the right side, which was completed on 05/11/2026. Adrienne reports persistent back pain radiating to her right lower extremity and worsening pain in her left lower extremity. She describes her back pain as feeling like her back is being crushed into her hips, making it difficult to stand, cook, or perform household tasks. She also reports tingling in her toes, pain in her legs, and difficulty sleeping. She has experienced a fall due to her leg giving out. Adrienne has a history of degenerative discs compressing the nerve root at L5 and a right foraminal disc protrusion at L4-L5 with significant facet hypertrophy. She has tried methocarbamol 750 mg for muscle spasms, which provides relief during active spasms, and liquid Tylenol. She has previously tried gabapentin and pregabalin but discontinued them due to side effects. She uses a lidocaine patch at night. Adrienne has a history of gastric bypass surgery, workers' compensation involvement, and allergies to CODEINE and ASPIRIN. She has lost approximately 20 pounds over the past two months with the use of Ozempic.

Assistant Comments
Lumbar fu

PE
- Patient ambulates with a forward side-to-balance and touch-a-gait pattern.
- Limited forward flexion at 20 degrees.
- Weakness: Left knee extensors 4/5, left dorsiflexion 4/5, left EHL 4/5.
- Difficulty maintaining a neutral spine position.

Assessment/Plan
Spondylosis without myelopathy or radiculopathy, lumbar region(M47.816)

Muscle spasm of back(M62.830)

Plan
I recommend proceeding with a left-sided L4-L5 epidural steroid injection to address nerve compression and associated symptoms. Adrienne will remain out of work at this time. She is advised to follow up with Dr. Z to discuss continued nonoperative and operative treatment measures, including the possibility of lumbar spine surgery. Based on her imaging findings and clinical presentation, she may be a candidate for the Intercept

procedure at L4-L5, which involves burning the nerves inside the bones. Adrienne is encouraged to continue her dieting and weight loss exercise program, which will be beneficial in determining her surgical candidacy and optimizing postoperative outcomes. All questions and concerns were addressed during the visit, and Adrienne is in agreement with the plan.

Provider

Mikhail PA-C, Alexandre 05/14/2026 12:00 PM

CC Providers:

Alexandre Mikhail PA-C
4745 Ogletown Stanton Rd
Newark, DE 19713-

Joe Fredrick (Attorney)

MR #: 000000671864

DELAWARE WORKERS' COMPENSATION
PHYSICIAN'S REPORT OF WORKER'S COMPENSATION INJURY
A COPY OF THIS REPORT MUST BE SENT TO THE INJURED WORKER, EMPLOYER AND THE INSURER

REPORT TYPE __Initial _X_Progress __Closing
WORKER'S NAME AdriennePonzo

DOB 01/09/1975
Date of Injury
Body Part(s):
EXAM DATE 05/14/2026
Physician's Phone/Fax (302) 731-2888/(302) 355-4434

Employer Name
Employer Phone/Fax /
Insurer Name
Insurer Claim No.
Insurer Phone/Fax

INITIAL VISIT ONLY
Injured worker's description of accident/injury:

WORK RELATED MEDICAL DIAGNOSIS (ES) Spondylosis without myelopathy or radiculopathy, lumbar region(M47.816), Muscle spasm of back(M62.830)

TREATMENT PLAN:
Diagnostic Tests
Procedures
Therapy
Medications

Hrs. per day patient can work: _8+ _8 _6 _4 _2 _0

D.O.T Classification of Work

__Sedentary Exerting up to 10 lbs. of force *occasionally* and/or a negligible amount of force *frequently* to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time but may involve walking or standing for brief periods of time.

__Light Exerting up to 20 lbs. of force *occasionally* and/or up to 10 lbs. of force *frequently* and/or negligible amount of force *constantly* to move objects. Physical Demand requirements are in excess of those for Sedentary Work.

__Medium Exerting 20 to 50 lbs. of force *occasionally* and/or 10 to 25 lbs. of force *frequently* and/or greater than negligible up to 10 lbs. of force *constantly* to move objects. Physical Demand requirements are in excess of those for Light Work.

__Heavy Exerting 50 to 100 lbs. of force *occasionally* and/or 25 to 50 lbs. of force *frequently* and/or 10 to 20 lbs of force *constantly* to move objects. Physical Demand requirements are in excess of those for Medium Work.

__Very Heavy Exerting in excess of 100 lbs. of force *occasionally* and/or in excess of 50 lbs. of force *frequently* and/or in excess of 20 lbs. of force *constantly* to move objects. Physical Demand requirements are in excess of those for Heavy Work.

Definitions:
Occasionally: activity or condition exists up to 1/3 of the time
Frequently: activity or condition exists from 1/3 to 2/3 of the time
Constantly: activity or condition exists from 2/3 or more of the time

Work Postures/Positional tolerances: Comment **as appropriate** in the space provided regarding the patient's abilities/limitations for the following Postures/Positions. (e.g. Sitting: No more than 30 minutes continuously)

Sitting:
Standing:
Walking:
Driving:
Bending:
Turn/Twist:
Kneeling:
Squatting:
Crawling:
Climbing:
Repeated arm motions:
Repetitive user of wrist/hands:
Reaching up above shoulder:
Foot controls:

Comments: Alexandre Mikhail is managing pt's work status. Alexandre Mikhail is managing this patient's work status NO WORK 05/14/2026 to 08/13/2026 Until Next Office Visit

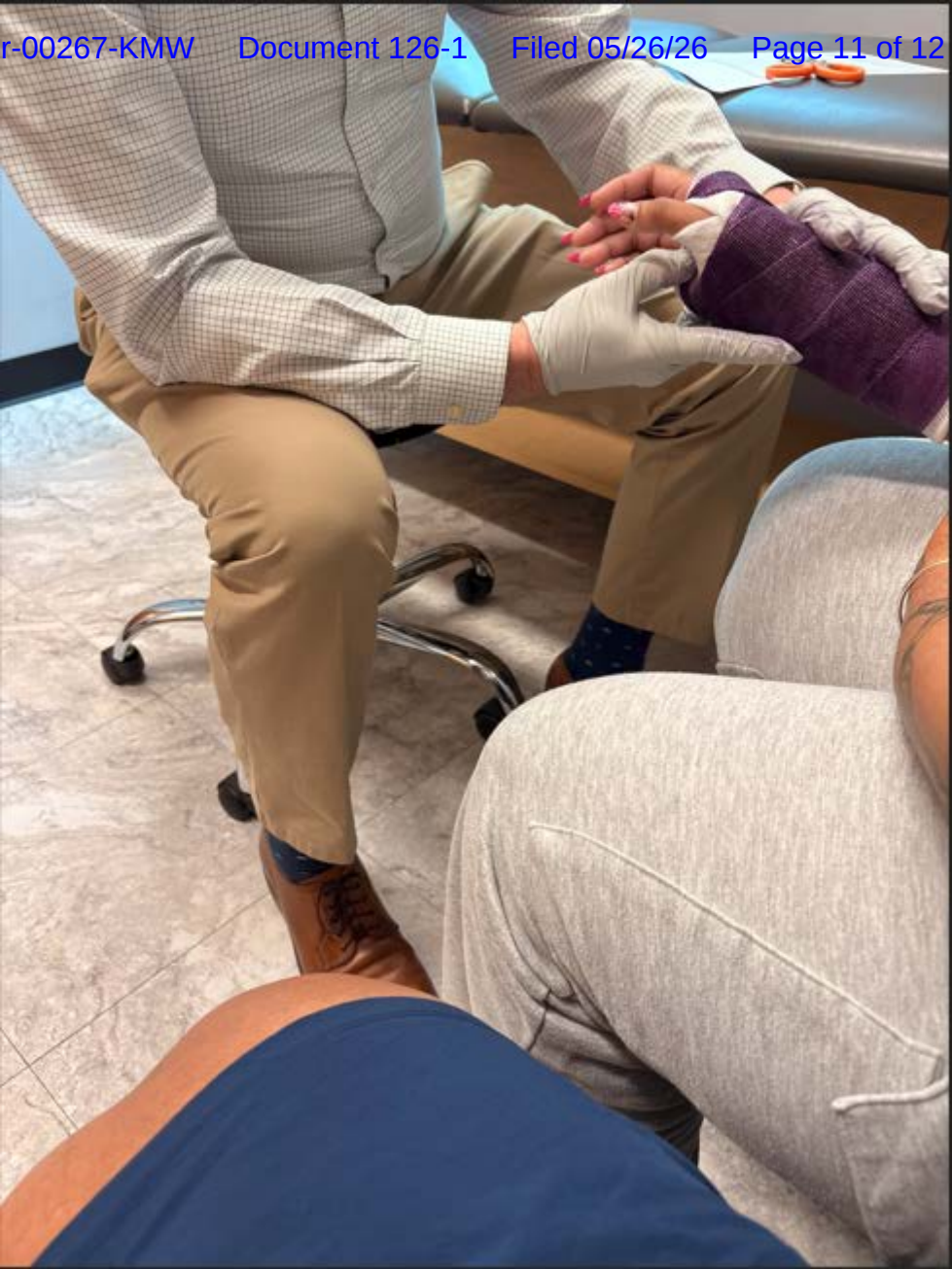
Above safe work capacities are: __temporary __permanent __anticipate full duty release

Return to work modified duty start date:

RELEASE TO FULL DUTY WITH NO RESTRICTIONS __YES (Start Date____) __NO

Physician Signature: Date: 05/14/2026 Next Appointment: 08/13/2026
Physician Name: Alexandre Mikhail PA-C Certified Provider: _X_YES __NO "Refernces the Healthcare Practice Guidelines adopted pursuant to the 19 Del.C. §2322(A)"

PROVIDER FORM



Belynda Lasocha 11:32 AM

to me

Hello Ms. Ponzo,

I have attached the appointment reminder to this email. Please call or email with any other questions. Have a great weekend.

Respectfully,

Belynda Lasocha

Surgical Coordinator for Dr. Ginsberg

302-735-8700 ext.4126

Fax 302-224-1881

SKM_451i260515
11280.pdf
PDF

Reply Forward