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NO. COA10-962

NORTH CAROLINA COURT OF APPEALS

Filed: 15 March 2011

SARUN YOUS,
Employee, Plaintiff

v.

From the North Carolina
Industrial Commission
I.C. No. 894698

GRIEF, INC., Employer,
THE PHOENIX INSURANCE COMPANY,
Carrier, Defendants.

Appeal by defendants from Opinion and Award entered 13 April 2010 by the North Carolina Industrial Commission. Heard in the Court of Appeals 24 January 2011.

The Sumwalt Law Firm, by Vernon Sumwalt and Mark T. Sumwalt, for plaintiff-appellee.

Hedrick, Gardner, Kincheloe & Garofalo, L.L.P., by Neil P. Andrews and M. Duane Jones, for defendant-appellants.

THIGPEN, Judge.

Plaintiff Sarun Yous had been employed by Defendant Grief, Inc., as a sheeter operator for approximately twenty years when he began experiencing left shoulder pain. The North Carolina Industrial Commission concluded that "Plaintiff's left shoulder condition is compensable as an occupational disease." This case requires us to decide whether the Commission erred by concluding Mr. Yous has bursitis and developed an occupational disease. Because the Commission's findings of fact are supported by

competent evidence in the record, and the findings of fact support the Commission's conclusions of law, we affirm.

Mr. Yous began working for Grief, a fiber paper drum manufacturer in Charlotte, North Carolina, on 9 March 1987. Mr. Yous immigrated to the United States from Cambodia when he was a child. He reads English at a third grade level and speaks English at a seventh grade level. Mr. Yous worked the second shift at Grief, and his official job title was sheeter operator. As a sheeter operator, Mr. Yous worked on machines that cut sheets of paper to send to a winder machine, which assembles fiber paper drums. In addition to his duties as a sheeter operator, Mr. Yous assisted on other parts of the production line, completing job duties associated with the positions of bar heat seal operator, pre-gluer, and lift truck operator. During his twenty year career at Grief, Mr. Yous received several accolades for his work ethic and good attendance. Mr. Yous was sixty-six years old at the time of the hearing before the Commission.

Colis Rachman, the plant manager at Grief in Charlotte from July 1996 to August 2008, described the duties of a sheeter operator:

[O]nce the roll [of paper] is onto - fit[s] onto the unwind stand, the lead end of the sheet is fed through the machine. It's fed through the front part of the machine. It's programmed for the specific cut. The operator then engages the cut. He sits and he manipulates and makes sure the sheets are stacked onto the - onto the delivery cart. . . . The carts are then wheeled over to the winder and staged or cued for the next order, for the next run.

Mr. Rachman explained that the first shift sheeter operator "has a full time sheeter job," but the sheeter operator on the second shift "also has responsibilities for general forklift duties" and "miscellaneous duties[,] " including "helping out at other parts of the line during breaks." Mr. Rachman testified the sheeter operator does not lift overhead because "if you can imagine an eighty-one inch length of paper that you've rolled up, you're setting it onto a machine. You're not lifting it; you're actually guiding it and you're pushing it up on top of the machine." He stated the sheeter operator sits with their arms at "just below neutral."

Ergonomist William McClure also provided a description of the job duties of a sheeter operator. On 9 March 2009, Mr. McClure performed a job-site analysis of the sheeter operator, bar heat seal operator, and lift truck operator positions. Mr. McClure observed a female sheeter operator performing her job duties for at least one hour and a half, and he performed additional assessments. Mr. McClure did not observe the sheeter operator having to lift overhead and found "there was not one single task that was performed on a frequent or constant basis during the work day that could be classified as a repetitive component." Based on his observations and assessments, Mr. McClure concluded "the sheeter operator's work tasks did not reflect risk factors above acceptable risk for development[] of musculoskeletal and/or cumulative trauma disorders in the upper extremity." However, Mr. McClure did not observe Mr. Yous performing his job duties.

Additionally, Mr. McClure only observed first shift workers at Grief and agreed that his opinions and evaluations would not reflect any difference between the first and second shifts. Finally, Mr. McClure agreed that if Mr. Yous "were on the shorter end of the spectrum, he would have to use his arms overhead more than say someone who was taller than him, such as another employee."

Mr. Yous also testified, with the assistance of a Cambodian interpreter, regarding his duties as a sheeter operator:

Q. Well, did he have to take those sheets and feed them into the machine?

A. He says he's to pick [them] up and put in the winder.

Q. Okay. What did he have to pick up?

A. Okay. So he rolled the paper. It's coming out. He rolled the paper, and then when he come to a full roll, then he leave it and put overhead.

Q. Okay. Now the arm motion that he just used went overhead to his left side, did it not?

A. So his right hand roll, you know, and then his left hand pick it up and then push.

Q. And his left hand went overhead when his right hand was pushing?

A. Yes.

Q. Okay. What was the weight of the paper that he had to push and lift up in that activity?

. . . .

A. Between twenty-five and thirty pound[s].

A. Okay. Now, how many times did he have to do this lifting and pushing motion? . . .

A. He said if he worked for eight hour[s], then he consistently pick up that roll for eight hours.

Q. So he's doing this activity continuously for his eight-hour shift?

A. Yes - because I'm the one who send up paper.

Mr. Yous testified he is five feet, six inches tall and had to reach overhead because "I still shorter. . . . [The winder machines] are higher than me." Mr. Yous testified he spent at least three hours of an eight-hour shift working as a sheeter operator, and he had to continuously lift paper overhead during that time.

Mr. Yous started developing left shoulder pain in June 2006. He reported the pain to his team leader, Jim Bridges, and he also told John Grant, a co-employee. Mr. Yous waited until March 2007 to go to a doctor "[b]ecause first I - you know, it bothered - not really bother-bother, but it started already, and I never thought that I'd end up, you know, losing my job."

On 27 February 2007, Mr. Yous saw Cliff Kramer, a physicians' assistant for Dr. Michael Dockery. Mr. Yous told Mr. Kramer he had pain in his left shoulder and that "he did work as a machine operator, did some overhead lifting as well." Mr. Kramer examined Mr. Yous and diagnosed him with "impingement syndrome" of the "bursa and the rotator cuff[.]" Mr. Kramer took Mr. Yous out of work and provided additional treatment. Mr. Yous continued to complain of left shoulder pain, and, on 14 March 2007, an MRI of Mr. Yous' shoulder revealed a small amount of fluid in the bursa.

Dr. Dockery explained that while such "fluid can be associated with bursitis, the absence of fluid is not associated with the absence of bursitis."

On 11 May 2007, Dr. Dockery performed arthroscopic surgery on Mr. Yous' left shoulder. The surgery involved a rotator cuff repair, a debridement of the superior labrum, a subcromial decompression, and a bursectomy. The bursectomy involved the removal of the bursa to reduce inflammation. After the surgery, Mr. Yous continued to have pain, and he developed adhesive capsulitis or frozen shoulder, a known consequence of shoulder surgery that causes stiffness of the shoulder and limited range of motion. Dr. Dockery continued to impose work restrictions through 30 October 2007, when he released Mr. Yous with the permanent work restrictions of: (1) no lifting greater than 10 pounds with the left arm; (2) no pushing or pulling greater than 10 pounds; and (3) no lifting at all above shoulder level. These restrictions were inconsistent with Mr. Yous' work. Therefore, Grief did not allow him to return to work.

After Dr. Dockery recommended another surgery, Mr. Yous stopped treatment with Dr. Dockery and began treatment with Dr. Jerry Barron, another orthopedic surgeon. Dr. Barron examined Mr. Yous on 17 April 2008 and concluded that he "had a significant loss of range of motion in all plains, particularly overhead." After giving Mr. Yous an MRI, Dr. Barron also recommended surgery. When asked about Dr. Dockery's operative report from 11 May 2007, Dr. Barron explained, "usually when you've got bursitis, there's

impingement, and vice-versa. So those would be common things that you would find simultaneously." Despite his continued pain and limitations, Mr. Yous has not had further surgery as recommended by Dr. Dockery and Dr. Barron.

On 2 April 2008, Mr. Yous filed notice of accident to employer, claiming he suffered a left shoulder injury on 3/28/07 due to "[r]epetitive trauma to shoulders." After Grief filed a denial of Mr. Yous' workers' compensation claim, Mr. Yous filed a request for hearing, seeking compensation for days missed at work and payment of medical expenses. The hearing took place before Deputy Commissioner George T. Hall, III, on 30 April 2009, and on 23 September 2009, he issued an Opinion and Award awarding total disability benefits to Mr. Yous. Grief appealed to the Full Commission which heard the matter on 23 February 2010. On 13 April 2010, the Full Commission issued an Opinion and Award adopting Commissioner Hall's Opinion and Award. The Full Commission concluded Mr. Yous' left shoulder condition is a compensable occupational disease. Therefore, the Commission awarded Mr. Yous payment for all medical treatment related to his left shoulder condition and total disability benefits at the weekly rate of \$692.20 from 1 March 2007 through the present time and continuing until further order of the Commission.

Grief now appeals from the 13 April 2010 Opinion and Award, arguing the Commission erred by concluding that (I) Mr. Yous had bursitis and that (II) Mr. Yous developed an occupational disease.

Grief first argues the Commission erred by concluding Mr. Youse had bursitis. Specifically, Grief contends the Commission's findings of fact and conclusions of law "are not supported by any competent evidence and are in error because no doctors have diagnosed Plaintiff with . . . bursitis." We disagree.

In reviewing a decision by the Industrial Commission, it is well-established that "(1) the full Commission is the sole judge of the weight and credibility of the evidence, and (2) appellate courts reviewing Commission decisions are limited to reviewing whether any competent evidence supports the Commission's findings of fact and whether the findings of fact support the Commission's conclusions of law." *Deese v. Champion Intern. Corp.*, 352 N.C. 109, 116, 530 S.E.2d 549, 553 (2000) (citing *Adams v. AVX Corp.*, 349 N.C. 676, 509 S.E.2d 411 (1998)). "[T]he findings of fact of the Industrial Commission are conclusive on appeal when supported by competent evidence, even though there [may] be evidence that would support findings to the contrary." *Adams*, 349 N.C. at 681, 509 S.E.2d at 414 (citation omitted). "Findings not supported by competent evidence are not conclusive and will be set aside on appeal." *Penland v. Bird Coal Co.*, 246 N.C. 26, 30, 97 S.E.2d 432, 436 (1957). "The evidence tending to support plaintiff's claim is to be viewed in the light most favorable to plaintiff, and plaintiff is entitled to the benefit of every reasonable inference to be drawn from the evidence." *Adams*, 349 N.C. at 681, 509 S.E.2d at 414.

Section 97-53 of the Worker's Compensation Act lists specific medical conditions that are automatically deemed to be occupational diseases. N.C. Gen. Stat. § 97-53 (2009). "Bursitis due to intermittent pressure in the employment" is an enumerated occupational disease under § 97-53(17).

The Commission made the following findings of fact:

15. Throughout his treatment Plaintiff exhibited a positive impingement sign indicative of bursal impingement and inflammation, or "bursitis." An MRI of Plaintiff's left shoulder performed on March 21, 2007 also indicated a diagnosis of bursitis.

16. In addition to bursitis, Plaintiff's shoulder condition consisted of a torn rotator cuff and other pathology that is consistent with "wear and tear" or an overuse of the shoulder.

17. Dr. Michael Dockery performed surgery on Plaintiff's left shoulder on May 11, 2007 at which time he noted moderate impingement change in the bursa and an obvious rotator cuff tear. Dr. Dockery opined that bursitis is inseparable from rotator cuff pathology and the other diagnoses relating to Plaintiff's shoulder. The surgery involved a rotator cuff repair, a debridement of the superior labrum, a subacromial decompression with acromioplasty and CA ligament resection, and a bursectomy. The purpose of a bursectomy was to remove an abnormal bursa and to reduce inflammation in the bursa. The risks associated with the bursectomy include additional surgery and adhesive capsulitis, or "frozen shoulder," which is characterized by joint stiffness and loss of motion.

. . . .

23. The medical evidence shows that Plaintiff's doctors never told him that he had "bursitis" specifically, and that Plaintiff was not advised by competent medical authority that he had a work-related condition resulting

from "wear and tear" or "overuse" of his left arm until after he had filed the Form 18 relating to this claim on April 4, 2008.

The Commission made eight conclusions of law, including that "Plaintiff's left shoulder condition is compensable as an occupational disease. This condition includes, but is not limited to, his rotator cuff pathology, labral pathology, and bursitis."

While Mr. Yous was not specifically diagnosed with bursitis, or inflammation of the bursa, we find competent evidence in the record to support the Commission's findings of fact and conclusion of law that Mr. Yous had bursitis. The record shows Mr. Yous exhibited positive impingement syndrome from his first appointment with Mr. Kramer. Specifically, Mr. Kramer testified that Mr. Yous' bursa and rotator cuff were being impinged, and Mr. Yous' pain could potentially be caused by inflammation of the bursa.

Dr. Dockery testified as follows regarding the process of diagnosing bursitis:

Well. The hard part is I don't know that you can isolate it as bursitis versus tendinitis or impingement. They all kind of mix together. And so the process, as Mr. Kramer has described it, is what we call the impingement syndrome because as you raise the arm up, the rotator cuff and the bursa, whatever is there, gets pinched between the two bones. So whether it's the bursa that gets inflamed, whether it's the rotator cuff that gets inflamed, whether it's the tear that gets pinched in there -

Q. So you can't separate it?

Dr. Dockery: You can't -- you can't really tell.

. . . .

Q. So what we're dealing with here is bursitis, as opposed to synovitis or --

Dr. Dockery: Well, it's the impingement. So whether or not there was a component of bursitis is hard to say.

Dr. Barron similarly explained that impingement change and bursa inflammation are "different diagnoses, but they usually go together. You know, usually when you've got bursitis, there's impingement, and vice-versa. So those would be common things that you would find simultaneously."

Furthermore, Mr. Yous' 21 March 2007 MRI revealed "increased fluid in the subacromial and subdeltoid bursa." Dr. Dockery noted the fluid could have been residual fluid from the injection Mr. Yous previously received or could be "associated with bursitis[.]" Additionally, Dr. Dockery performed a bursectomy as part of Mr. Yous' shoulder surgery. Dr. Dockery stated the purpose of a bursectomy is to reduce inflammation in the bursa, and Dr. Barron testified the purpose of a bursectomy is to remove an abnormal bursa.

Viewing the evidence in the light most favorable to Mr. Yous, we find that the testimony of Mr. Kramer, Dr. Dockery, and Dr. Barron provide competent evidence to support the Commission's findings of fact. In turn, the findings of fact support the Commission's conclusion of law that Mr. Yous had bursitis.

II.

Grief next contends the Full Commission erred by concluding Mr. Yous developed an occupational disease. Specifically, Grief argues Dr. Barron's testimony is insufficient evidence of a causal

connection between Mr. Yous' occupational disease and his employment.¹ We disagree.

The Commission concluded Mr. Yous' left shoulder condition, including, but not limited to, his rotator cuff pathology, labral pathology, and bursitis, is compensable as an occupational disease. Although bursitis is deemed an occupational disease under N.C. Gen. Stat. § 97-53(17), there must still be "proof of causal relation between injury and employment." *Duncan v. Charlotte*, 234 N.C. 86, 91, 66 S.E.2d 22, 25 (1951); *Lanier v. Romanelle's*, 192 N.C. App. 166, 174, 664 S.E.2d 609, 614 (2008).

Mr. Yous' two remaining left shoulder diagnoses - rotator cuff pathology and labral pathology - are not specifically listed in N.C. Gen. Stat. § 97-53, but still may qualify as an occupational disease under § 97-53(13). Section 97-53(13) defines occupational disease as "[a]ny disease, other than hearing loss . . . which is proven to be due to causes and conditions which are characteristic of and peculiar to a particular trade, occupation or employment, but excluding all ordinary diseases of life to which the general public is equally exposed outside of the employment." For a disease to be occupational under § 97-53(13), it must be:

¹Grief's heading to its second argument asserts the Commission erred by concluding Mr. Yous has an occupational disease because "Plaintiff's job duties did not place him at a greater risk than the general public for developing an occupational disease." We note, however, that Grief does not address this argument in its brief. Instead, Grief argues that "Dr. Barron's causation opinion is incompetent[.]"

(1) characteristic of persons engaged in the particular trade or occupation in which the claimant is engaged; (2) not an ordinary disease of life to which the public generally is equally exposed with those engaged in that particular trade or occupation; and (3) there must be a causal connection between the disease and the claimant's employment.

Rutledge v. Tultex Corp./Kings Yarn, 308 N.C. 85, 93, 301 S.E.2d 359, 365 (1983) (citations and quotation marks omitted). "Notwithstanding the overriding legislative goal of providing comprehensive coverage for occupational diseases, the plaintiff has the burden of proof on all three elements of the *Rutledge* test." *Matthews v. City of Raleigh*, 160 N.C. App. 597, 601, 586 S.E.2d 829, 834 (2003) (citations and quotation marks omitted). "[T]he first two elements are satisfied if, as a matter of fact, the employment exposed the worker to a greater risk of contracting the disease than the public generally." *Rutledge*, 308 N.C. at 93-94, 301 S.E.2d at 365 (citing *Booker v. Duke Medical Center*, 297 N.C. 458, 468, 256 S.E.2d 189, 196 (1979)). The third element is satisfied if the employment "significantly contributed to, or was a significant causal factor in, the disease's development." *Rutledge*, 308 N.C. at 101, 301 S.E.2d at 369-70.

We note Grief does not challenge the Commission's conclusion that "Plaintiff's job activities placed him at an increased risk for developing all diagnoses in his left shoulder . . . which are otherwise compensable under N.C. Gen. Stat. § 97-53(13)." This conclusion satisfies the first two elements of the *Rutledge* test. Because Grief does not discuss the issue of increased risk in its brief, the issue is deemed abandoned pursuant to North Carolina

Rule of Appellate Procedure 28(a), which states in relevant part: "The scope of review on appeal is limited to issues so presented in the several briefs. Issues not presented and discussed in a party's brief are deemed abandoned." Accordingly, we will address only the issue of causation.

"In cases involving complicated medical questions far removed from the ordinary experience and knowledge of laymen, only an expert can give competent opinion evidence as to the cause of the injury." *Holley v. ACTS, Inc.*, 357 N.C. 228, 232, 581 S.E.2d 750, 753 (2003) (citation and quotation marks omitted). "However, when such expert opinion testimony is based merely upon speculation and conjecture, it is not sufficiently reliable to qualify as competent evidence on issues of medical causation.'" *Id.* (quoting *Young v. Hickory Bus. Furn.*, 353 N.C. 227, 230, 538 S.E.2d 912, 915 (2000)). Additionally, "if an expert's opinion as to causation is wholly premised on the notion of *post hoc ergo propter hoc* (after it, therefore because of it), then the expert has not provided competent record evidence of causation." *Legette v. Scotland Memorial Hosp.*, 181 N.C. App. 437, 456, 640 S.E.2d 744, 756 (2007) (citations and quotation marks omitted), *disc. rev. denied*, 362 N.C. 177, 658 S.E.2d 273 (2008).

In this case, Dr. Barron testified as follows regarding whether Mr. Yous' employment caused the development of his shoulder condition:

Q. If we were to represent to you that Mr. Yous at the hearing in this case testified that he had worked in this job for about 20 years and that during an eight-hour day he had

his arms at an overhead angle, reaching and lifting overhead for approximately three of those eight hours, would that be a risk factor for the development of these diagnoses as compared to the normal public?

[Dr. Barron]. Usually if you're doing a lot of overhead work and/or lifting repetitively, in my opinion, it's going to make you more prone to develop rotator cuff problems, bursa problems, even cartilage problems.

Q. And in determining the causation or whether Mr. Yous's work activity significantly contributed to his development of these diagnoses, do you have an opinion based on his history and based on your findings during examination of Mr. Yous, on that relationship?

[Dr. Barron]. Well, based upon the all the information that I have, you know, once again, he gave a history of a work injury that led to an operation. I'm assuming just that, that he's had a work injury and that injury led to surgery and that surgery led to him having a problem, which then led to him seeing me in the office.

Q. And this is more for our edification than anything else. But these diagnoses we're talking about are not controversial diagnoses in the sense that fibromyalgia is a controversial diagnosis? This is a diagnoses that you can go through a certain procedure in order to reach in the field of orthopaedic surgery?

[Dr. Barron]. Well, they're all diagnoses, and they're accepted diagnoses. . . . [O]ftentimes fibromyalgia is going to be a diagnosis of exclusion, but . . . a rotator cuff tear is a rotator cuff tear and a cartilage tear is a cartilage tear. These are discreet objective findings that are not open to much subjectivity, if you will.

When asked on cross-examination what he meant by Mr. Yous having a history of work injury, Dr. Barron explained, "I'm describing what he told us in his interview. I mean, he got hurt at work."

Grief cites *Young*, 353 N.C. 227, 538 S.E.2d 912, in support of its argument that Dr. Barron's testimony was insufficient evidence of causation because it was based solely upon the notion of *post hoc ergo propter hoc*. In *Young*, our Supreme Court held that the evidence on causation, which was solely based upon the notion of *post hoc ergo propter hoc*, was insufficient to support the Commission's findings of fact that the plaintiff's fibromyalgia was caused by an accident at work. *Id.* at 233, 538 S.E.2d at 916-17. The court noted that fibromyalgia is a controversial medical condition, and the plaintiff's expert on causation testified that the only link between the plaintiff's fibromyalgia and the work accident was that "it was not there before and she developed it afterwards." *Id.* at 232, 538 S.E.2d at 916.

Unlike fibromyalgia, which was at issue in *Young*, Mr. Yous' left shoulder diagnoses are not controversial medical conditions. Bursitis is an enumerated occupational disease under N.C. Gen. Stat. § 97-53(17), and Dr. Barron testified that the diagnoses are "accepted diagnoses . . . that are not open to much subjectivity." Furthermore, Dr. Barron's opinion testimony was not based solely on the notion of *post hoc ergo propter hoc*. Dr. Barron based his testimony on Mr. Yous' statements to Dr. Barron that "he got hurt at work." See *Adams v. Metals USA*, 168 N.C. App. 469, 476, 608 S.E.2d 357, 362 ("The opinion of a physician is not rendered incompetent merely because it is based wholly or in part on statements made to him by the patient in the course of treatment

or examination.”), *aff'd*, 360 N.C. 54, 619 S.E.2d 495 (2005). Moreover, Dr. Barron testified that repetitive overhead work and lifting, like the job duties described by Mr. Yous, “make you more prone to develop rotator cuff problems, bursa problems, even cartilage problems.”

Dr. Barron was not asked his opinion regarding causation to a “reasonable degree of medical certainty.” See *Holley*, 357 N.C. at 234, 581 S.E.2d at 754 (“Although medical certainty is not required, an expert’s ‘speculation’ is insufficient to establish causation.”). Dr. Barron, did, however, testify repeatedly regarding the causal relationship between overhead lifting and the left shoulder diagnoses, agreeing that “someone who does overhead lifting is more prone to developing these symptoms” and stating that Mr. Yous’ description of his job duties “is consistent with a chronic repetitive overuse work injury.” Thus, we are not faced with a situation where Dr. Barron presented only speculative testimony as to causation.

Grief also argues that “although Dr. Barron testified that Plaintiff’s job duties made him more prone to bursa problems, he based this opinion on the assumption that Plaintiff’s job required him to lift overhead[,]” an assumption not supported by competent evidence. Although Grief does not challenge specific findings of fact, the Commission made the following findings of fact regarding Mr. Yous’ job duties:

5. Plaintiff was required to fill multiple orders for several hundred fiber drums each work shift. After using the sheeter machine, Plaintiff had to assist another operator in

feeding paper into the winder machine and unloading it. Plaintiff's job duties required him to lift stacks of paper weighing between twenty-five and thirty pounds at shoulder level or above in order to feed them into the winder.

6. Notwithstanding his limited command of the English language, Plaintiff demonstrated the arm motions involved in his job duties at the hearing. These motions involved overhead or above-the-shoulder use of his left arm, which put more than intermittent pressure on his left shoulder. Plaintiff is five feet, six inches tall, making him shorter than a winder machine. As a result, Plaintiff had to feed paper into the winder machine above his shoulder level.

7. Plaintiff also used his left arm in an overhead or over-the-shoulder fashion when unloading the fiber drums or cylinders once they were completed. Plaintiff used his right hand to push the cylinders, while his left hand and arm picked them up over shoulder level to put them on a conveyor.

8. Plaintiff used his left arm in an overhead fashion . . . at angles of 90 degrees or more for at least three hours of an eight-hour work shift.

. . . .

11. There was a material difference between the information Mr. McClure relied on in reaching his conclusions and Plaintiff's description of his job as involving significant overhead lifting and reaching. The Full Commission gives greater weight to Plaintiff's description of the manner in which he performed his job.

We find Mr. Yous' testimony describing his job duties provides competent evidence to support the Commission's findings of fact. Mr. Yous testified that he used his right hand to roll the paper until it came to a full roll weighing between twenty-five and thirty pounds, then he used his left hand to pick

up the roll and push it overhead into the winder machine. He repeated this lifting and pushing motion consistently for at least three hours during an eight-hour shift. Even though Mr. Rachman and Mr. McClure testified that sheeter operators did not have to perform overhead lifting, the Commission, in its discretion, gave greater weight to Mr. Yous' testimony. *Deese v. Champion Intern. Corp.*, 352 N.C. at 116, 530 S.E.2d at 553. Accordingly, we conclude Dr. Barron's testimony provides competent evidence of a causal connection between Mr. Yous' occupational disease and his employment.

In sum, we conclude the record contains competent evidence to support the Commission's findings of fact, and in turn, the findings of fact support the Commission's conclusions of law. The opinion and award of the Commission is affirmed.

Affirmed.

Chief Judge MARTIN and Judge ROBERT C. HUNTER concur.

Report per Rule 30(e).