



# DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

This report is being prepared under the guidance and direction of the IL workers compensation commission formally known as the IL industrial relations commission. Although it is not mandatory, we at the Spine Institute require proper reporting on every injured worker. This report is an initial report of findings and personal patient information which is current and for the sole purpose of the insurance co and claims examiners records. This report will also serve as an initial report that will include working diagnosis, recommended beginning treatment protocol and overall outline of the patients condition at this time and what we expect to accomplish in a reasonable time period through proven and proper treatment methods that have been tested and tried over many years. Regular written reports or progress reports will be submitted every thirty to 45 days or 10 to 12 visits of care, whichever ever comes first.

1. INSURER NAME AND ADDRESS -		CLAIM NUMBER:		PLEASE DO NOT USE THIS COLUMN	
2. EMPLOYER NAME -					
3. ADDRESS: NO. and STREET		CITY	STATE	ZIP	
4. NATURE OF BUSINESS (e.g., food manufacturing, building construction, retailer of women's clothes)					County
5. PATIENT NAME (First name, middle initial, last)		6. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		7. DATE OF BIRTH: Mo Day Yr. Age	
8. ADDRESS: NO. and STREET		CITY	STATE	9. TELEPHONE NUMBER: Hazard	
10. OCCUPATION (Specific job title)				11. SOCIAL SECURITY NUMBER: Disease	
12. INJURED AT: NO. and STREET		CITY	COUNTY		Hospitalization
13. Date and hour of Injury or onset of illness		MO DAY YR	HOUR	14. Date last worked Mo. Day Yr. Occupation	
		MARCH 9, 2007	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	MARCH 9, 2007	
15. Date and hour of first examination or treatment		MO DAY YR	HOUR	16. Have you (or your office) previously treated patient? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Return Date/Code	
		MARCH 13, 2007	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		

Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately. Inability or failure of a patient to complete this portion shall not affect his/her rights to work comp under Illinois WC act.

17. DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED (Give specific object, machinery or chemical. Use reverse side if more space is required)

Patient's job duties are to perform carpentry work, wood siding on homes and install roof shingles for homes and commercial buildings and his schedule is M-Sat 8(+) day, 40 hrs a week. He has been working in the same job for eight years. On 03/09/07 around 11:45am, he was working with his co-workers placing papers on the roof to install roof shingles on the side of the commercial building. His boss informed the patient that they needed to install the roof shingles on the other side of the building. Patient was hesitant due to the ice on the ground. Nonetheless he started to work in a new area along with two other co-workers. They installed a scaffold by sustaining it to two ladders, about 13 or 14 feet high, and began to work. Suddenly the ladder on the right side sunk into the ground causing the scaffold to slip and make all three of the men fall to the ground. Mr. Ruiz-Garcia, who was on the far left of the scaffold, fell off and landed on snow and ice first on his feet then fell back on his back very, very hard. He felt immediate pain in his neck, chest, low back, left shoulder and left leg. He thinks he might have been unconscious for a minute and had a difficult time breathing while on the floor. He was on the floor for a couple of minutes until his co-worker Eduardo helped him up, and walked him to the inside of the building where they were working, and then laid him down. At that time the ambulance arrived and he was placed on a c-collar /backboard and advance life support was started with an IV. Patient was then transferred to Victory Memorial Hospital located on Glen Flora and Sheridan Rd. in Waukegan. From what patient remembers x-rays of his chest, left shoulder, blood samples drawn, and CT scan were performed in ER. He was also given morphine for pain. Mr. Ruiz-Garcia was told that he had a concussion and not to sleep for more than four hours at a time and that his left shoulder was dislocated. The patient was discharged that same day with a prescription for pain meds but says he cannot afford them. Due to the pain he has been unable to sleep at night. Mr. Ruiz-Garcia has been resting at home. Patient presents to our facility today for further evaluation and treatment.

18. SUBJECTIVE COMPLAINTS (Describe fully. Use reverse side if more space is required)

1) Constant, numb neck pain. Pain is worse with movements and can find no relief. 2) Constant sharp pain throughout his left shoulder. Mainly in the interior part of the shoulder which is worse with pain. Any movement will can be provided 3) Radiating pain from neck to shoulder to distal forearm. 4) Constant low lack pain on the left side. Pain radiates into the posterior left leg all the way to distal leg. Pain is worse with movements and activities of daily living such as going to the bathroom. Problems lifting up his left leg due to pain and weakness and has difficulty standing on his left leg due to numbness and pain. Patient denies any bowel or bladder changes. 5) Numbness throughout his left leg. 6) Sharp localized pain in chest mainly in the sternum distal end. Pain is worse with palpations and when taking deep breaths. 7) Bilateral knee pain and feels his knees crack a lot.

19. OBJECTIVE FINDINGS (use reverse side if more space is required)

A. Physical examination

**PHYSICAL EXAM:** Height 176cm, Weight 238lbs, BP 138/88 seated on right side, Pulse 86 and regular, Respirations 16. Patient is right handed. Alert, awake, and oriented x 3. Postural observation shows a right head tilt, left elevated shoulder, right elevated iliac crest, and a left head rotation. Patient has antalgic gate and has difficulty sitting down.

**CERVICAL SPINE:** Range of motion in flexion 40° with pain, extension 50° with pain, R. Lateral flexion 40° with pain, L. Lateral flexion 40° with pain, R. Rotation 70° with pain, and L. Rotation 70° with pain. INSPECTION: Normal skin appearance. No deformity noted. There is no swelling. There is no discoloration.

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**PALPATION:** No crepitation present. Trigger points noted throughout paraspinal muscles bilaterally. Moderate tenderness and spasms with hypertonicity throughout paraspinal muscles bilaterally. Moderately tender cervical spinous process at C4-C7. No mass noted. **SPECIAL TESTS:** Cervical compression (+), Cervical distraction (-), Jackson compression (+) bilaterally, Shoulder depression (+) on the L and (-) on the R, Soto-hall (+) bilaterally. Grip strength 10, 12, and 11 for Left and 60, 61, and 59 for right.

**THORACO-LUMBAR:** Range of motion in flexion 15° with pain, Extension 15° with pain, R. Lateral flexion 16° with pain, L. Lateral flexion 18° with pain, R. Rotation 35° with pain, and L. Rotation 40°. **INSPECTION:** No ecchymosis. No erythema. No deformity or swelling noted. **PALPATION:** Trigger points with severe spasms and tenderness noted throughout bilateral paraspinal, Piriformis, and gluteus medius muscles. Severe tenderness in bilateral sacroiliac joints. Vertebrae compression severely tender at L4-S1. **SPECIAL TESTS:** SLR (+) on the L at 15° and (-) on the R, (+) Kemps bilaterally, Braggard's (+) on the R at 10°, (+) Ely's bilaterally, Minor's Sign (+).

**NEURO:** Reflexes for upper and lower extremities 1+ bilaterally and symmetrical. Pathological reflexes negative. Patient is unable to walk on his left heel and left toes due to pain throughout leg and low back. Cranial nerves one to twelve are all within normal limits.

**MUSCLE STRENGTH:** Cervical flexion 3/5, Cervical extension 3/5, Cervical Lat Flexion 4/5 for L and 5/5 for R., Shoulder abduction is unable due to pain, Shoulder Ext. Rotation 3/5 for L and 4/5 for R, Shoulder Int. Rotation 4/5 for L and 5/5 for R, Shoulder Flexion 3/5 for L and 4/5 for right, Shoulder Extension 3/5 for L and 5/5 for R, Hip Flexors 3/5 for L and 5/5 for R, Knee extensors 3/5 for L and 5/5 for R, Knee flexors 3/5 for L and 5/5 for R, Foot inversion 3/5 for L and 5/5 for R.

**LEFT SHOULDER:** Left shoulder ranges of motion are limited as follows; L shoulder flexion is 45° with pain, L shoulder extension shows 46° with pain, L shoulder interior rotation is 20° with pain, L shoulder exterior rotation is 23° with pain, L shoulder adduction is 50° with pain, L shoulder abduction is 40° with pain. **INSPECTION:** Skin normal in appearance. Mild swelling noted throughout. There is no discoloration. **PALPATION:** Tenderness in AC joint, bicipital groove, anterior/middle deltoid, and supraspinatus. Trigger points noted in posterior in left scapulae area. Palpation of clavicle nontender, coracoid process not tender. **SPECIAL TESTS:** Supraspinatus (+) for the L and (-) for the R, Apprehension (+) for the L and (-) for the R. Right shoulder ortho exam and range of motion are within normal limits.

**KNEE:** Left knee range of motion in flexion 90° with no pain, and extension 65° with pain throughout leg. **INSPECTION:** Skin normal in appearance in bilateral knees. No swelling in bilateral knees. No deformity noted in bilateral knees. No erythema in bilateral knees. No ecchymosis in bilateral knees. **PALPATION:** Crepitation present with joint motions in bilateral knees. Right knee has no tenderness throughout. Left knee shows tenderness mostly in posterior knee in path of Radiculopathy. **SPECIAL TESTS:** (-) Anterior drawer bilaterally. (-) valgus and varus stress on right, and unable to perform on right side due to severe pain throughout leg.

**CIRCUMFERENTIAL MEASUREMENTS:** Biceps 36.5cm on left and 36.5cm on right, Elbow 30cm on left and 30cm on right, Forearm 32.5cm on left and 32.5cm on right, Wrist 19.5cm on left and 19.5cm on right, Knee 40cm on left and 38cm on right, Calf 44cm on the left and 43cm on the right, Ankle 25cm on the left and 25cm on the right.

B. X-ray and laboratory results (State if none or pending.)

Radiologist report pending.

Past Medical History: History of kidney stones

Past Surgical History: None

Allergies: None

Medications: None

Social History: Denies tobacco, alcohol and IV drug abuse.

Family History: Negative

Review of Systems: Unremarkable. Patient denies bowel or bladder changes.

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20. DIAGNOSIS (If occupational illness, specify etiologic agent and duration of exposure.)		Chemical or toxic compounds involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	ICD-9 Code	
1) LUMBAR INTERVERTEBRAL DISC INJURY/ Multiple	1) 722.10	
2) SHOULDER DISLOCATION, Left Partial	2) 831.0	
3) LUMBAR RADICULITIS/ NEURITIS, Left Leg Dominant	3) 724.3	
4) r/o Bilateral MENISCUS CRUSH INJURY, left Dominant	4) 836.2	
5) PARESTHESIA/ Numbness Lower Extremities-Left Dominant	5) 782.0	
6) CERVICAL DISC INJURY	6) 722.0	
7) Cervical Radiculitis, Left Side Dominant	7) 723.4	
8) MUSCLE WEAKNESS, Upper/ Lower Extremity/ Trunk/ Spine Musculature	8) 728.87	
9) ROTATOR CUFF INJURY, Left Upper Extremity	9) 726.1	
10) Instability of joint (Shoulder)	10) 718.81	
11) Disorders of bursae and tendons in the shoulder	11) 726.10	
12) ACROMIOCLAVICULAR JT SPRAIN, Second Degree	12) 840.0	
13) ROTATOR CUFF CAPSULAR SPRAIN, Left Shoulder Joint	13) 840.4	
14) OTHER MULTIPLE UNSPECIFIED SPRAINS, Left Shoulder Joint	14) 840.9	
15) MUSCLE SPASMS, Trunk/ Spine Musculature	15) 728.85	
16) Cervical sprain/strain	16) 847.0	
17) Thoracic Sprain/strain	17) 847.1	
18) Lumbar sprain/strain	18) 847.2	
19) Knee sprain/strain	19) 844.9	
20) Sternum Sprain	20) 848.40	
21) Cervical segmental dysfunction/ MULTIPLE VERTEBRAE DISPLACED	21) 739.1, 839.08	
22) Thoracic segmental dysfunction/ MULTIPLE VERTEBRAE DISPLACED	22) 739.2, 839.21	
23) Lumbar segmental dysfunction/ MULTIPLE VERTEBRAE DISPLACED	23) 739.3, 839.20	
24) Sacral segmental dysfunction	24) 739.4	
25) Pelvis segmental dysfunction	25) 739.5	
26) CONCUSSION with loss of consciousness of less than 30 minutes	26) 850.11	
27) Difficulty In Walking/ ALTERED GAIT	27) 719.7	
28) ANXIETY and STRESS related to the incident	28) 308.0	
29) INFLAMMATION and SWELLING, Upper/Lower Extremities/Trunk and Spine	29) 716.95	
30) Accidental fall from Scaffolding	30) E881.1	
21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "no," please explain.
22. I there any other current conditions that will impede or delay patient's recovery?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please explain.
If work restrictions are not honored. Patient also has multiple injury sites where treatment time will be extended.		
23. TREATMENT RENDERED (Use reverse side if more space is needed)		
<p>The patient initially was given a thorough consultation and a detailed history and examination was performed in our office that consisted of Neurological and Orthopedic measure through AMA guidelines. He was also tested thoroughly with muscle testing in the upper and lower extremities, range of motion as stated above, along with reflexes. X-rays taken: 7 View Cervical, 2 View Thoracic, 5 View Lumbar, 3 View bilateral knees and 3 View Left Shoulder. He was then referred to our therapy department and was scheduled for his rehabilitation and therapy sessions. He was given icing instructions for home use and exercises will come at a later time.</p>		
24. If further treatment required, specify treatment plan / estimated duration.		
<p>This patient will need additional treatment in the form of Physical Therapy and CMT procedures. Patient will be coming daily for 1-4 weeks depending on pain levels and have different treatment areas on different days due to multiple injuries, and time constraint of therapies in 1 day. In other words, the patient's treatment will be 3x's per week for the spinal regions and 2x's per week for the Left shoulder and other related areas. This will be the case until a gradual reduction of weekly visits can be obtained when in time the patient can be released as stable and static. Course of treatment generally speaking can be guesstimated within a few weeks however, since the patient has serious injuries, it is difficult to say at this time how long care will be recommended. We are still in the process of establishing true diagnosis and management of care and need the first 2-4 weeks of the patient's care with us to be testing and conservative treatment to see how he responds and what other testing will be needed. We request leniency if indeed the time line of care goes beyond normal accepted guidelines of care due to complicating factors of his injuries.</p>		

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Patient will begin with passive physical therapy modalities such as e-stim, hot packs, ultrasound, manual therapy, and CMT procedures. As soon as can be established, we will attempt to start patient on therapeutic exercises as tolerable and may eventually start work conditioning/hardening. If patient does not show adequate progress or improvement in 2 weeks, his treatment plan will be re-evaluated and changed such as adding VAX-D decompression therapy to his low back. Re-exam will be every 30 days. The patient as we see it at this point is in need of an MRI with contrast and/or an Arthrogram of the Left shoulder to visualize the components of the shoulder since the patient dislocated the joint from the fall and apparently had it either put back in place at the emergency room, or went back in by itself. We will schedule patient right away for an MRI on his shoulder and schedule him with Dr. Jeffrey L. Visotsky, M.D. from "ILLINOIS BONE and JOINT INSTITUTE" for further evaluation of his left shoulder and will not hesitate other medical referral if indeed his condition does not improve or other symptomatology arises.

25. If hospitalized as inpatient, give hospital name and location. MO DAY Year Estimated Stay  
Vista Medical Center East, 1324 N Sheridan Rd, Waukegan, IL, 60085 Admitted date: March 09, 2007 HALF-DAY

26. WORK STATUS-is patient able to perform usual occupation?  Yes  SEE DISABILITY/RESTRICTION FORM. TTD until 03/23/07 where it will be updated.  
If "no," Date when patient can return to: Regular Work: \_\_\_\_\_ Modified Work: \_\_\_\_\_ Specify restrictions:  
Is permanent residual disability anticipated?  Yes  No  Unknown  
If "yes," to what extent:

Doctor's Signature: \_\_\_\_\_ IL License Number 038-010349  
Doctor's Name and Degree (please type) Dr. Kelly G. Worth, D.C., F.A.F.I.C.C., D.A.C.A.N. IRS Number 20-2713488  
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