



**STATE OF ILLINOIS**

Workers Compensation Commission

# 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		9. TELEPHONE NUMBER: Hazard	
10. OCCUPATION (Specific job title)				11. SOCIA 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		14. Date last worked Mo. Day Yr. Occupation	
		10/24/2006		10/31/2006	
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			
15. Date and hour of first examination or treatment		MO DAY YR		16. Have you (or your office) previously treated patient? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Return Date/Code	
		01/02/2007			
		<input type="checkbox"/> AM <input checked="" 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 require)

Patient's job duties are to drive a truck, drill holes, and help lift very heavy objects all day long. He has been with the company for almost 10 years. Patient on October 24, 2006 started his shift around 6:00am. Around 10:30am he was going up a muddy hill carrying a 5inch "bit" that weighed around 50lbs. There was a steel boat which holds 1200 gallons of water, and while he was going up the hill he slipped with his right foot and didn't realize his foot was under the steel boat. He twisted his knee and immediately felt a pop and intense pain. He noticed that the pain was not going away so he went to the truck to sit down and rest. His knee swelled up right away and figured was just a sprain. He continued to work the same day and the following days with light duty and taking it easy figuring it would go away. Patient kept icing his knee but continued with pain. He went to see an orthopedist Dr. Meletiou, M.D. around November 7, 2006 after getting some insurance information. Patient had an MRI of his knee showing meniscus problems. He had surgery on December 16, 2006 to right knee. On the day of his surgery he was given an epidural to his back to prevent pain during the knee surgery. After the surgery was done he had a big lump in his back and radiating pain down his legs to the bottom of his heels. He was kept overnight at the hospital and had difficulty walking due to low back pain. He also notices numbness in his feet bilaterally at times. He has tried to call the adjuster numerous times stating he has low back pain after the surgery and says adjuster never called him back. He was able to talk to nurse case manager Ashcroft and explain his new symptoms. Patient presents for further treatment.

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

1) Right knee pain that is sharp/throbbing, and tender to the touch. He has trouble walking and making turns while walking.  
 2) Constant radiating pain behind left leg and right radiating pain at times. 3) Low back pain with difficulty sitting or standing for a long time. 4) Decreased strength in left foot and has a hard time lifting his left foot off the ground at times.  
 5) Numbness in left leg; 6) He says he felt constipated for 3-4 days after surgery.

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

A. Physical examination

Vitals are within normal limits. His gait is slow and guarded. He is able to walk on his toes but it elicited pain in left leg. He is able to walk on his heels but elicited pain in right knee. Right knee range of motion is 88 degrees in flexion and painful and loss of 30 degrees in extension and painful. Left knee range of motion is within normal limits. Lumbar range of motion 50 degrees in flexion with pain, 20 degrees in extension with pain, 30 degrees in right lateral flexion with pain, 30 degrees in left lateral flexion with pain, 45 degrees for bilateral rotation. Reflexes (+1) for upper and lower extremities. Pathological reflexes negative. Ortho: SLR caused pain down left leg at 45 degrees and for the right caused low back pain at 60 degrees, (+) Kemp's on left and (-) on the right, (+) Nachlas and Ely's bilaterally. Circumferential measurements 35.5cm for left knee and 36cm for right knee, 38.5cm for left calf and 39cm for right calf, and 23cm for bilateral ankles. Muscle strength: Hip flexion 4/5 for left and 5/5 for right, Knee extension 4/5 for left and 3/5 for right, Knee flexion 4/5 for left and 3/5 for right, Foot inversion 4/5 for left and 4/5 for right. Observation of right knee shows mild swelling with a surgical scar. Tenderness throughout right knee to the touch. Tenderness and spasm in bilateral lumbar paraspinal muscles. Vertebrae compression tender at L4-S1. There is moderate swelling and bruising noted in the lower right region of the lumbar spine

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

**DOCTORS FIRST REPORT**RE:  
DOI:  
CL#

20. DIAGNOSIS (If occupational illness, specify etiologic agent and duration of exposure.)  1) Arthroscopy Right Knee 2) Swelling of Knee joint 3) Knee pain 4) Numbness/ Paresthesia in lower extremities 5) Generalized weakness 6) Myospasms 7) Lumbosacral radiculitis 8) Low back pain 9) Internal Knee Derangement, Medial Meniscus-Chronic Post-Op	Chemical or toxic compounds involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ICD-9 Code: 1) 80.26 2) 719.06 3) 719.46 4) 782.0 5) 728.87 6) 728.85 7) 724.4 8) 724.2 9) 717.2
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. Excessive working, bending forward or lifting heavy material or objects will exacerbate his condition beyond pain threshold. It will be necessary for the patient to be TTD until a time soon that he will be able to go back to work with restrictions.	
23. TREATMENT RENDERED (Use reverse side if more space is needed) A complete history and consultation was performed in the beginning, which consisted of a complete history of his injury, past history of injuries, social history, job description and details of his symptomatology. He was then given a complete and thorough examination which consisted of measurements, reflexes, Orthopedic and Neurological Testing, Range of Motion study and so on. The patient was then referred to our Radiological Department for x-rays of his knee and low back. He was then referred to our therapy department and scheduled for his therapy sessions.	
24. If further treatment required, specify treatment plan / estimated duration. This patient will need additional treatment in the form of Physical Therapy and periodic CMT procedures daily for the first week to two weeks followed by 3x's per week thereafter with a gradual reduction of weekly visits until such time the patient can be released as stable and static. Course of treatment will follow his surgeons request and advice and will depend on the patient's progress over time with his condition. Part of his therapy will certainly be Rehabilitation or Work Conditioning exercises/protocol to increase his overall functional capacity and strength and to prepare him to go back to work with no or very little restrictions. An NCV/SSEP test for the lower extremities may be necessary for further evaluation of the lower extremity paresthesia, predominantly on the right throughout the leg centered on the knee. If symptoms do not improve as expected, patient will be referred as expected. Monthly assessments will be necessary to comply with workers compensation mandates. Overall, we feel confident that this patient, given the opportunity to go through rehabilitation and staying consistent with care, will and should be fine with his right knee. We will certainly be watching closely his lower spine and whether or not that improves. We have recommended to him to go back to the anesthesiologist and/or surgeon to remedy these problems. If authorization is allowed, we will also begin treatment on his lower spine. Otherwise, he will only receive therapy to his right knee. He is still in pain throughout his back and if symptoms do not improve an MRI may also be necessary. We will keep you informed of our progress with this patient every 30 days.	
25. If hospitalized as inpatient, give hospital name and location.	
CENTEGRA HEALTH SYSTEM	MO DAY Year Estimated Stay Admitted date: 12/15/2006 1 DAY
26. WORK STATUS-is patient able to perform usual occupation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "no," Date when patient can return to work: Regular Work: _____ Modified Work: <u>As per Dr. Meletiou patient is TTD at this time.</u> Is permanent residual disability anticipated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If "yes," to what extent:	
Doctor's Signature: _____ Doctor's Name and Degree (please type) <u>Dr. Kelly G. Worth, D.C., F.A.F.I.C.C., D.A.C.A.N.</u> Address <u>2634 Grand Avenue, Suite #100, Waukegan, IL 60085</u>	IL License Number <u>038-010349</u> IRS Number <u>20-2713488</u> Telephone Number <u>(847) 775-0800</u>