



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, which 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: 8	
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		14. Date last worked Mo. Day Yr. Occupation	
		HOUR <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	
		HOUR <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, apply roof shingles for homes and commercial buildings and his schedule is M-Sat 8(+), 40 hrs a week. He has been working in the same job for seven 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. The patient was informed 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. The patient was holding an ice-water shield when suddenly the ladder sunk into the ground causing the scaffold to slip and all three of the men fell to the ground. Mr. Corona, which was on the far right of the scaffold, mainly on the ladder, fell backwards and landed on his upper back, neck, shoulder and head. He was unconscious for 5 to 10 seconds and remembers seeing darkness. The patient was out of breath and it took him 10 to 20 seconds before he could breathe again. When he realized what had occurred he discovered he could not move his body or legs. He laid there for about 3 to 4 minutes but still couldn't breathe properly until he was helped off the ground by his other co-workers, and brought into the building that they were working on. He was still having problems breathing and asked his co-workers to continue helping him walk since he felt breathing was easier when walking. They eventually laid him down and he was no longer able to move. At that time the ambulance arrived and transferred him to Victory Memorial Hospital located on Glen Flora and Sheridan Rd. in Waukegan. There the doctor examined him and took x-rays, an MRI, a CT scan and drew blood samples, to check for internal bleeding and fractures. Then the doctor gave the patient pain medications through an IV. The patient was discharged that same day with a prescription for pain meds and picked up by his fiancé where they headed home. Due to the pain in his chest he has had difficulty breathing. He's in so much pain that he has been unable to sleep. The patient could only lie on his back for short periods of time and has pain when laying facing down. Mr. Corona has been resting at home, watching television and taking occasional walks. 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) Pain in his head, at times, is pulsating, sharp and encompasses his entire head. Pain feels worse at night and when walking especially when going down the stairs. Patient states that his vision is blurred and his right eye twitches. 2) Feels his neck is swollen and has a dull pain in it all the time. Pain is worse with movement and when lying down. His head feels very heavy and he cannot lift his head up without the assistance of his two hands. 3) Constant, sharp pain in his chest and his rib area, doesn't allow him to sit, lay, stand or walk. Feels that he can't fully breathe. The pain feels worse when walking and is extreme when he coughs or sneezes. There is no comfortable position. He takes pain medications but they only help him for an hour or two. 4) Severe middle back pain feels the same as the chest pain. 5) Upper back pain radiates to the low back and down his legs. 6) Lower back pain, minimal due to the severity of pain in the Thoracic spine. 7) Severe anxiety, stress and insomnia. 8) Difficulty in Walking, altered gait.

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

PHYSICAL EXAM: Height 5ft 8in, Weight 158lbs, T 98.6F, BP 124/82 seated on right side, Pulse 90 and abnormal, Respirations 18. Patient is right handed. Alert, awake, and oriented x 3. Postural observation shows a right head tilt, right elevated shoulder, left elevated iliac crest, and a right head rotation. The patient viewed laterally is slightly bent forward with an anterior head carriage.

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CERVICAL SPINE EXAM: Range of motion in flexion was 17° with pain, extension 3° with pain, R. Lateral flexion 10° with pain, L. Lateral flexion 5° with pain, R. Rotation 10° with pain, and L. Rotation 15° with pain. **INSPECTION:** Normal skin appearance. No deformity noted. There is swelling and notable muscle spasm of the paravertebral musculature. There is no discoloration. The Cervical spine lordosis appears to be lost probably secondary to the muscle spasm. **PALPATION:** No crepitation present. Trigger points noted throughout paraspinal muscles bilaterally. Tenderness and spasms throughout cervical paraspinal muscles bilaterally and very tender to touch and stiff. Tender cervical spinous process at C2-C7. No other mass noted. **SPECIAL TESTS:** Cervical compression (+) with pain t/o, Shoulder depression (+) bilaterally, Soto-hall (+) with pain in the upper back and chest. Grip strength 45, 46, and 41 for Left and 40, 41, and 41 for right.

THORACOLUMBAR EXAM: Range of motion in flexion 10° with severe pain, extension 5° with pain, R. Lateral flexion 5° with pain, L. Lateral flexion 5° with pain, R. Rotation 15° with pain, and L. Rotation 15° with pain. **INSPECTION:** No ecchymosis. No erythema. No deformity or swelling noted. **PALPATION:** Digital palpation to the Thoracic spine was severely disturbing to the patient, particularly at the level of T6-T9 when pressure was applied to the spinous processes. Trigger points with mild spasm noted throughout left paraspinal, left piriformis, and left gluteus medius muscles. Moderate tenderness in left sacroiliac joint. Vertebrae compression moderately tender at L3-S1. **SPECIAL TESTS:** (+) SLR left at 45 degrees, (+) Kemps bilaterally, (+) Nachlas Left, (+) Ely's Left.

CHEST EXAM: Auscultation of the lungs bilaterally appeared to be clear with no wheezes or other abnormal conditions noted. Heart sounds appear normal. **PALPATION:** Digital palpation to the patient's chest was performed and exhibits tenderness throughout the anterior chest cavity from the sides to the center where the ribs meet the sternum. There is moderate to severe tenderness with the Costochondral cartilage surrounding the sternum and then finally, the sternum itself. The musculature is also very tender and painful throughout. **SPECIAL TESTS:** (+) Sternum Compression for possible rib fractures, unknown source of pain at this time.

HEAD EXAM: No discoloration was noted with the facial skin. Facial continuity was within normal limits. Patient carries his head in a semi-flexed position. **PALPATION:** Digital palpation was performed and noted that the patient has a moderate bump/ lump on the back side of his head in the Occipital region that is tender upon digital pressure. This could be where the patient struck his head altering the visual centers of the Occipital lobe of the Brain possible causing the visual disturbance he is experiencing. There is little range of motion with his head on his cervical spine. There are no other remarkable findings found or noted.

NEURO-EXAM: Reflexes for upper and lower extremities 2+ bilaterally and symmetrical. Pathological reflexes negative. Cranial nerve two is abnormal with difficulty of vision. Cranial nerves one and three to twelve are all within normal limits.

MUSCLE STRENGTH: Cervical flexion is 4, 4 and 4, Cervical extension is 3, 3 and 3, Cervical Lat Flexion is 3, 3 and 3 for L and 4, 3 and 3 for R., Shoulder abduction is 11, 11 and 9 for L and 6, 4 and 4 for R, Hip Flexors are 26, 27 and 54 for L and 22, 23 and 22 for R, causes severe pain in the chest and abdomen. No other muscle testing could successfully be performed due to the patient's pain level.

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.

THERMOGRAPHY: Thermoscan exhibited moderate to severe Autonomic Neurophysiologic changes in the cervical spine as well as lesser findings in the thoracic and lumbar region. Findings indicate the beginning signs of spinal compression causing secondary irritation from inflammation or swelling.

SEM: Surface EMG was also performed the same day and noted multiple areas where the muscles bilaterally were in spasm in the Cervical and Lumbar spine. But the worst region was by far the middle Thoracic region where the uV readings were as high as 140.6uV's. This warrants medical necessity for treatment.

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<p>20. DIAGNOSIS (If occupational illness, specify etiologic agent and duration of exposure.)</p> <ol style="list-style-type: none"> 1) THORACIC COMPRESSION FRACTURE, Closed; T8 LEVEL 2) r/o THORACIC DISC INJURY, Multiple Levels 3) CERVICAL DISC INJURY/ SYNDROME, Levels Unknown 4) MULTIPLE RIBS FRACTURED, Unspecified Sites 5) PARESTHESIA/ PARALYSIS, Lower Extremity Intermittent - Resolving 6) AUTONOMIC NERVOUS SYSTEM DISORDER, T6-T9; Secondary to Trauma 7) CONCUSSION with loss of consciousness of less than 30 minutes 8) POST-TRAUMATIC HEADACHE 9) MUSCLE WEAKNESS, Upper/ Lower Extremity/ Trunk/ Spine Musculature 10) MUSCLE SPASMS, Trunk/ Spine Musculature 11) Cervical Sprain/Strain 12) Thoracic Sprain/Strain 13) Lumbar Sprain/Strain 14) Sternum Sprain 15) Cervical Segmental Dysfunction/ MULTIPLE VERTEBRAE DISPLACED 16) Thoracic Segmental Dysfunction/ MULTIPLE VERTEBRAE DISPLACED 17) Lumbar Segmental Dysfunction 18) Sacral Segmental Dysfunction 19) Pelvis Segmental Dysfunction 20) Unspecified Chest Pain 21) RESPIRATORY ABNORMALITY, Unspecified 22) ORTHOPNEA, PM While Sleeping or Lying Down 23) PULMONARY INSUFFICIENCY, Secondary to Trauma/ Shock 24) DIAPHRAGM DISORDER/ Lazy-Relaxed Diaphragm 25) INSOMNIA, Secondary to Pain and Difficulty in Breathing Lying Down 26) FATIGUE, Secondary to Difficulty with Sleep and Increased Pain at Night. 27) Difficulty In Walking/ ALTERED GAIT 28) ANXIETY and STRESS related to the incident 29) INFLAMMATION and SWELLING, Upper Extremities/Neck/Trunk and Spine 30) ACCIDENTAL FALL from Scaffolding 	<p>Chemical or toxic compounds involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>ICD-9 Code</p> <ol style="list-style-type: none"> 1) 805.2 2) 722.11 3) 722.0 4) 807.9 5) 782.0 - Resolving 6) 337.9 7) 850.11 8) 784.0 9) 728.87 10) 728.85 11) 847.0 12) 847.1 13) 847.2 14) 848.40 15) 739.1, 839.08 16) 739.2, 839.21 17) 739.3 18) 739.4 19) 739.5 20) 786.50 21) 786.00 22) 786.02 23) 518.5 24) 519.4 25) 307.42 26) 780.7 27) 719.7 28) 308.0 29) 716.95 30) E881.1
<p>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.</p>	
<p>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.</p> <p>Patient has suffered a compression fracture in the Thoracic spine. This has made complications of the patient to a degree or level of severe. Further, he has multiple injury sites making it difficult to treat the patient's injuries all in one day. This patient will be delayed in treatment due to these factors and for the breathing problems that are secondary to the Sympathetic NS Chain Ganglion that run anterolateral along the internal Thoracic spine which were partially disrupted from the impact. It will take the patient time to retrain the central autonomic nervous system and the breathing centers as well as other respiratory actions performed regularly automatically. The impact from the fall was so severe, it caused a compression fracture on the T8 level of the vertebrae, a very UNCOMMON location for compression, but surrounded by many sympathetic ganglion and nerves that supply the internal organs of the respiratory centers, heart, lungs and so forth. Further innervation is supplied to the diaphragm below which is innervated by the Phrenic Nerve from the C2 level that is often irritated with trauma from Whiplash, blunt force trauma or both. In this case, the patient experienced both, BFT to the Thorax Posterior at the T8 level and severe Whiplash to his Cervical spine that would both cause a disruption of this nerve. So the patient upon lying down, will experience a "winded" or "The wind knocked out" feeling due to these factors. Retraining and breathing exercises will be provided to the patient immediately for this injury along with a professional level of office retraining. Biofeedback will be necessary at a later time for this patient for a successful outcome.</p>	
<p>23. TREATMENT RENDERED (Use reverse side if more space is needed)</p> <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, range of motion as stated above, along with reflexes. X-rays taken were of his Thoracic spine, Chest and Cervical spine. Lumbar spine and other can be taken later since they are not as severe. He was then referred to our therapy department and was scheduled for his rehabilitation and therapy sessions. He was given icing instructions for in home use and instructed on how to breath at home and during the day.</p>	
<p>24. If further treatment required, specify treatment plan / estimated duration.</p> <p>This patient will need additional treatment in the form of Physical Therapy and CMT procedures.</p>	

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Since his injuries are so severe, we are working with the injuries that are causing him the most pain at this time which is his Thoracic Spine. It appears from the X-rays that the patient has suffered a Compression Fracture at the T8 level and we will be sending the films out for Radiological Review. The patient will be set up for a Bone Scan of the Spine to confirm the suspected fracture and whether or no there are any other fractures noted in the patient's spine or ribs that have not been detected. He will also require an MRI since the Nuclear Medicine does not exhibit pathology or disruption with the discal tissue and other surrounding material, only bone. The MRI will give us the rest of the picture whether or not he has one, two or multiple levels of discs herniated but we will await this procedure until after the Bone scan is reviewed and Hospital ER records as we have reason to believe that there was one performed at the Hospital.

The patient in the mean time is to take the ER prescribed Medication for pain and spasm and he will be set up with our Spine Specialist to be further evaluated immediately or at the very soonest we can get him in. If the patient runs out of medication prior to this time or appointment, he will be referred to Dr. Xavier Perez, Internal Medicine, who practices close to us, and be evaluated and prescribed pain meds until such time he can be seen by our specialist. He will be given passive P/T in our facility in the form of E-Stim, Hot Packs, Myofascial Release, etc... to assist in alleviating the patient's pain even further and to assist in the healing process of the surrounding areas of injury beyond the Compression Fractures. CMT procedures will be performed as needed to the Cervical spine and eventually, the Thoracic Spine. The patient, when he is more stable, will begin rehabilitation exercises that will also assist him to increase his functional capacity. We will very soon be dividing his injuries so that he is able to receive the proper care needed. It is not possible to treat ALL these injuries in one day with any success and it is too much for his body to handle. He will eventually be seen MW and F's for his Thoracic spine Rehabilitation and T and TH's for his Cervical spine and Headaches. This, believe it or not, will mitigate the costs of long term therapy and allow us to focus on only a few injuries per day giving him more rest in between sessions of rehabilitation. This patient has 3-6 months of therapy and Doctor visits and as stated previous, cannot be rushed with his condition.

I do not see a need at this time for any Electro-Diagnostic Testing as the initial lower extremity paralysis and paresthesia seems to have resolved or is resolving but if it does not, this may be something needed at a later time. I also do not see a need in obtaining a Cervical spine MRI at this time. I prefer to wait and see how the patient performs with his therapy. He has enough to worry about with his Thoracic Fracture. If his Cervical spinal pain does not subside or begin to show the improvement we anticipate, then an MRI will be needed. We prefer GURNEE RADIOLOGY as they seem to do a supreme job with all their studies. Otherwise, there is none else needed at this time.

*(As I am sure you are aware, this patient is TTD for at least 2 weeks until such time we can gather more information.)

25. If hospitalized as inpatient, give hospital name and location. Admitted date: MO DAY Year Estimated Stay

26. WORK STATUS-is patient able to perform usual occupation? Yes No
If "no," Date when patient can return to work: Unknown At This Time Regular Work: _____
Modified Work _____ Specify restrictions:
Is permanent residual disability anticipated? Yes No Unknown
If "yes," to what extent:

Doctor's Signature: _____ WI License Number: 4264-012
Doctor's Name and Degree (please type) Dr. Kelly G. Worth, D.C., F.A.F.I.C.C., D.A.C.A.N. IL License Number: 038-010349
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