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, which ever comes first.

			PLEASE DO NOT USE THIS COLUMN
1. INSURER NAME AND ADDRESS -		CLAIM NUMBER:	
2. EMPLOYER NAME –			
3. ADDRESS: NO. an d 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. ☐Male ☑Female	7. DATE OF BIRTH: Mo Day Yr.	Age
8. ADDRESS: NO. and STREET CITY STATE ZIP		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	HOUR ☐AM ☑ PM	14. Date last worked Mo. Day Yr. CURRENT	Occupation
15. Date and hour of first examination or treatment MO DAY YR	HOUR ☐ AM ☑PM	16. Have you (or your office) previously treated patient? ☐ yes ☑ no	Return Date/Code

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)

On around July 7, 2006 patient was working her duties as a dentist assistant. She was assisting the dentist, Dr. Villa, when she went out of the room to the closet. There was a plastic tube with electrical cords by her feet and she tripped and landed on her hands and knees. Patient states her fall was so hard that her pants ripped by her knees. Dr. Villa was in the room and helped her up. Mrs. Fields rubbed her knees for a few minutes and continued to work. As the day went on, she started to experience some pain but not enough to go to the hospital. Patient states she was having pain on her right shoulder causing numbness down her arm and fingers. She was feeling pain in her neck causing headaches in the back of her head. Patient took Advil for her pain with some relief, but continued to have pain. Mrs. Fields filed an accident report with Dr. Villa. Patient states she has not seen any other doctors for her condition. She made an appointment with us to see what we can do for her. She states that this is not the first time that she has injured herself at this job and has been with her job for over 10 years but just has not bothered to mention it to her boss for fear of getting fired. She presents today for further assistance.

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

1) Sharp pain in right shoulder when writing or lifting anything. 2) Difficulty gripping objects due to loss of strength, mainly with the right hand. 3) Numbness down both arms and fingers but more on the right side. 4) Neck pain throughout with pain into right shoulder and left periodically. 5) Upper back stiffness throughout with pain mostly in the right region near shoulder and mid region. 6) Right knee discomfort that is getting better.

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

A. Physical examination: Patient exhibits an expression of someone who is in pain. Digital palpation throughout the patients' spine reveals muscle spasm and pain upon digital pressure to the spine and surrounding musculature mainly in the upper and mid thoracic regions. There seems to be more prominent findings on the right side of the patient's spine from the thoracic region up into the cervical spine. Trigger points, tenderness, and muscle spasm is noted in the cervical and thoracic paraspinal musculature, and right shoulder musculature. Hand flexors and extensors in bilateral forearms are severely tight with painful trigger points throughout. Observation shows a left head tilt, left shoulder elevated, and a left iliac crest elevated. Cervical range of motion is decreased in all directions with pain and myospasm throughout. Shoulder range of motion for the right side is decreased in all directions, and for the left is decreased in internal rotation and abduction. Range of motion for wrists was decreased in all directions bilaterally with the exception of ulnar and radial deviation. Reflexes are abnormally sluggish at (+)1 bilaterally which may just be normal for this patient. Circumferential measurements for upper extremities are within normal limits. Grip strength is diminished on the right side with 42, 41, and 44, compared to the left with 59, 57, and 60. Patient is right handed. Orthopedic examinations show a positive cervical compression test; (+) Shoulder-depression bilaterally. Finally, muscle testing for the upper extremities and spine was performed and noted overall weakness on the right side.

B. X-ray and laboratory results (State if none or pending.) Skeletal Biomechanical subluxations noted throughout cervical and thoracic spine. Radiologist Report Pending

20. DIAGNOSIS (If occupational illness, specify etiologic agent and duration of exposure.)

1) Right Rotator Cuff Injury/ Syndrome, r/o Tear; 2) Numbness and tingling of upper extremities bilaterally with the right dominant; r/o CTS 3) Cervical Radicular pain; 4) Sprain/strain of neck/thoracic spine; 5) Superficial and Deep Myospasms throughout upper torso/ traps/ c-sp. 6) Right Knee Sp/St - Injury/ Resolving

Chemical or toxic compounds involved? ☐ Yes ☑ No

ICD-9 Code: **726.10, 782.0, 723.4, 847.0, 847.1 728.85, 844.8**

21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? ☑ Yes ☐ No If "no," please explain.

22. Is there any other current conditions that will impede or delay patient's recovery? ☑Yes ☐ No If "yes," please explain.
If the patient is disallowed, her therapy treatment recommended and other medically necessary procedures, it will indeed slow down the process.

23. TREATMENT RENDERED (Use reverse side if more space is needed)

Patient was given a thorough consultation and then an examination that consisted of neurological and orthopedic measure. She was also tested thoroughly with muscle testing in mainly the upper extremities and range of motion checks. The patient was then referred for x-rays of her right shoulder, mid-back and cervical spine. She began her therapy the same evening which consisted of Physical Modalities, range of motion exercises and manual therapy to her neck, back and lightly to her wrists bilaterally. She was then scheduled for further sessions with our front office.

DOCTORS FIRST REPORT

RE:
DOI:
CL#

24. If further treatment required, specify treatment plan / estimated duration.

This patient will be placed on a strict Physical Therapy and CMT regimen of daily care for two weeks, followed by 3x's/week thereafter until maximally medically improved. She will also engage in a work conditioning exercise program to assist in strengthening her neck, right and left wrist, right shoulder, and extremity muscles to increase her overall functional capacity per Nationally Recognized Guidelines and prepare her to be successful at work. There is concern that she may have injured the Median Nerves in both wrists and therefore may need a surgical consult. We will move forward with the appropriate therapy to remedy her symptomatology but have concern with the numbness. MRI may be necessary of her neck if radicular pain and Paresthesia does not improve. Prior to this, we will need to perform a limited NCV or Nerve Study of the upper extremities to look at the function of the extremity nerve and determine the left and right arm numbness, and where the symptoms specifically are coming from and to what degree the Paresthesia is being caused by with a possible s-CPT and SSEP study of the spinal cord and nerve roots, to rule out Spinal Stenosis secondary to either disc bulge or other nerve entrapment as proper follow up. Monthly assessments, sEMG, Ds-EMG, T-studies and exams will be used to document and measure her progress weekly and monthly per Nationally Recognized Guidelines.

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

NONE Admitted date:

26. WORK STATUS-is patient able to perform usual occupation? ☐ Yes ☑ No

If "no," Date when patient can return to: Regular Work:

Modified Work 08/01/06 Specify restrictions: ***No Excessive Gripping with right hand; No Heavy Lifting >10-15lbs; No at or above shoulder level work with the right shoulder.***

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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