



**SPINE
INSTITUTE
OF
WAUKEGAN**

Workers Compensation Specialists

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 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 second. Disability issues are discussed at the bottom of this report and will be updated accordingly.

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: ZIP	
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.	
		03	/	06	/	07	Unknown of exact date
					<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Occupation	
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	
					<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	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)

Patient Juan Carrera has been working at the above location for about 7-8 months, Monday-Friday 8 hours a day installing fire places. On 03/06/07 patient began his work day at 7:00AM doing normal work activities; he was installing tiles around a fireplace. At around 12:00pm the patient was still installing tiles around a fireplace when suddenly one of the heavy tile fell on his left hand. The Patient was on a ladder with his left hand resting on the mantle and his right hand holding a tile to the wall. At this time a tile fell off the wall, surprising the patient, and hitting his left hand. He had immediate severe pain following this incident. Patient's co- worker (Noe Calderon) was in the incident location and notified supervisor Tania of what had happened. Tania advised the patient to go to a hospital. Patient followed her advisement, ended his shift early, and drove himself to the ER at Lake Forest Hospital. During his visit X-rays were taken, his hand was immobilized with a board, and pain medication was prescribed. Patient was released the same day and was told to follow up with Dr. Ruder M.D. The Patient followed up two days later with Dr. Ruder and had X-rays taken; he was placed in a cast and sent back to work with restrictions. Patient did go back to work. Once back at work, he was lifting a rock and the rock fell hitting his left hand fingers (that were not in cast) escalating his pain. Patient continued to work throughout the rest of the week with pain. He did not stop working since he was afraid of not getting paid. Patient had a follow up appointment and told Dr. Ruder that his pain was worse. Dr. Ruder took patient off work for a couple of weeks. Patient's cast was taken off approximately 2 weeks after use, and he was then given a support brace. He started therapies, such as heat and exercises twice a week for about two months. Following this 2 month of therapy patient was sent back to work again with restrictions. Patient went back to work but his employer did not respect the restrictions and told patient to continue lifting heavy rocks/ tiles, etc.. Patient called Dr. Ruder and told him he was shifting tiles and had increased pain. At this time, patient then made another appointment with Dr. Ruder, where he was taken off work for another 3 weeks and put on the same therapy once again twice a week. Patient had two injections to his finger/hand yesterday (05/21/07) and was sent back to work with restrictions. Patient continues with pain and deformities in finger and presents for treatment and evaluation.

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

- 1) Left finger pain in 3rd & 4th Proximal digit. Constant, dull pain, unable to grab things.
- 2) Left hand pain in 3rd & 4th digits.
- 3) Radiating pain down fingers when flexed
- 4) Weakness in Left hand with palmer myospasm/ contractures

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

A. Physical examination

PHYSICAL EXAM: Height 66.25inches, Weight 143lbs, BP 110/72 seated on left side, Pulse 76 and regular, Respirations

14. Alert, awake, and oriented x 3. Patient is right handed.

DOCTOR'S FIRST REPORT

RE:
DOI:
CL#:

LEFT WRIST/HAND:

Range of motion in flexion 50° with pain, extension 55° with no pain, ulnar deviation 20° with pain, and radial deviation 20° with no pain. Left hand digits range of motion within normal limits except a slight decrease in range of motion of 3rd and 4th of the proximal interphalangeal joint compared to the right hand. **INSPECTION:** Skin normal in appearance. Mild swelling over 3rd and 4th distal metacarpal area. 3rd and 4th digits appear to be in a flexed position compared to the right hand with palmer limbricale muscle wasting exhibiting flexor tendons that are in a contracted state. No erythema. No ecchymosis. **PALPATION:** No crepitation present. Mild tenderness throughout wrist bones. Moderate tenderness in distal 3rd and 4th metacarpal bones mostly at MCP joints. Tenderness also in 3rd and 4th distal interphalangeal joints. Tenderness severe throughout the palmer aponeurosis. Extension of 3rd and 4th digits causes numbness and radiating pain throughout 3rd and 4th digits and proximal hand area. Mild spasm in wrist flexors and extensors musculature. **SPECIAL TESTS:** Sharp/dull discrimination for C6, C7, and C8 within normal limits but with decreased sensation over C7 dermatome, Tinel's test over anterior wrist and MCP Joints causes radiating pain. Capillary refill less than 2 seconds. Grip strength 05, 05, and 06 for left side and 80, 81, and 80 for right side.

NEURO: Reflexes for upper and lower extremities 2+ bilaterally and symmetrical. Pathological reflexes negative.

MUSCLE TESTING (via Microfet2 electronic tester): Hand 4th digit flexion 1.4/1.4/1.5 for L and 5.3/5.2/5.0 for R, Hand 4th digit extension 1.3/1.3/1.3 for L and 2.1/2.2/2.3 for R, Hand 3rd digit flexion 1.0/1.0/1.0 for L and 8.3/8.2/8.0 for R, Hand 3rd digit extension 1.3/1.2/1.2 for L and 4.5/4.0/3.5 for R, Wrist flexion 4.1/4.2/4.1 for L and 23.7/22.0/23.6 for R, Wrist extension 10.0/10.0/10.1 for L and 15.8/15.7/15.8 for R, Elbow flexion 20/21/22 for L and 30/31/30 for R, Elbow extension 20/22/20 for L and 25/26/25 for right.

CIRCUMFERENTIAL MEASUREMENTS (cm): Biceps 26 for L and 28 for R, Elbow 25 for L and 26 for R, Forearm 25 for L and 27.5 for R, Wrist 17 for L and 17.5 for R, Hand 20 for L and 21.5 for R.

B. X-ray and laboratory results (State if none or pending.) Non-displaced fracture of the 4th metacarpal of the Left hand. Radiologist report pending.

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

Chemical or toxic compounds involved? Yes No

ICD-9 Code

1. Late Effect Of Fracture Of Upper Extremities
2. Closed Fracture Of Shaft Of Metacarpal Bone
3. Numbness
4. Disuse Atrophy
5. Sprain of unspecified site of hand
6. Sprain of unspecified site of wrist
7. Muscle weakness
8. Muscle spasm
9. Stiffness of joint (digits)
10. Late effects from accidentally struck by falling object.

- 1) 905.2
- 2) 815.03
- 3) 782.0
- 4) 728.2
- 5) 842.10
- 6) 842.00
- 7) 728.87
- 8) 728.85
- 9) 719.54
- 10) E929.8

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 work restrictions are not honored. Patient's condition is now chronic since work restrictions were not originally properly honored and treatment may be delayed.

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

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 extremities, range of motion along with reflexes. 4v wrist and 3v hand X-rays of the left side were taken. He was then referred to our therapy department and was scheduled for his rehabilitation and therapy sessions.

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

The patient will start with passive physical therapy modalities with possible CMT range of motion maneuvers with the carpal bones and metacarpal bones of the hand. After a few visits, active therapeutic exercises will be started that will include range of motion, stretching, and strengthening exercises per patient tolerance.

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Patient will receive treatment 3-5x for the first 1-2 weeks then 3x's a week thereafter. If patient does not show adequate progress or improvement in 2 weeks, his treatment plan will be re-evaluated and changed because of his past exposure to care once already. We will be taking a different approach to this patient's care working on the Extensor Digitorum Communis musculature as well as other more isolated muscles in this region. Further, it will be necessary to take a more detailed approach to the patient's palmer aponeurosis and flexor contractures or contractures of the Flexor Digitorum Superficialis and Profundus tendon working with specific protocols for strengthening and at the same time, loosening the flexor tendons so that the fingers do not stay in a 45 degree flexed state. Re-exam will be every 30 days. If patient does not improve on his next re-exam or other factors are present, MRI and/or Electro-diagnostic assistance will be necessary. Patient will be scheduled for co-management with Dr. Visotsky M.D. an upper extremity specialist from Illinois Bone and Joint Institute.

25. If hospitalized as inpatient, give hospital name and location. MO DAY Year Estimated Stay
LAKE FOREST HOSPITAL Admitted date: **03/06/07 – HALF-DAY**

26. WORK STATUS-is patient able to perform usual occupation? Yes No
If "no," Date when patient can return to: Regular Work: TTD until 05/30/07 where disability or restrictions will be updated.
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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