



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	STATE	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	14. Date last worked Mo. Day Yr. Occupation	
		JUNE 19, 2006	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	JUNE 19, 2006	
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	
		OCT 24, 2006	<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 require)

Patient works for Ducts unlimited where his duties were to clean the air ducts from restaurants. On or around June 19, 2006 patient started to work at 5:30pm cleaning the ducts at a restaurant, finished his job, went home and waited for a phone call for his next job. At about 12:00am he received a phone call for his next jobsite for a restaurant at 1:30am. Around 1:30am when the restaurant closed, patient started to work. Patient went up a ladder to the roof to check how dirty the ducts were. Patient went up the ladder, checked the ducts, and started to go down the ladder. As soon as he started to go down the ladder, the ladder slipped back causing the patient to fall from about 8 feet to the ground. Patient landed on his right side with his back somewhat twisted. He immediately started to feel pain in his arm. Patient stated he was unconscious for 1 or 2 minutes. He remained on the floor until his co-worker came to help. His co-worker started to help him but the patient told them to stop due to his severe pain on his arm. Co-worker radioed their supervisor and explained what happened. Supervisor told co-worker the work equipments and take patient to the hospital. Co-worker started to gather things up and about 30 minutes later co-worker started to drive patient to the hospital. Patient was taken to Victory Hospital where he was seen at 4:00am. X-rays and blood work were done. He was given a splint on his right arm and was told to follow up with Dr. Meltzer in Illinois Bone & Joint Institute in Gurnee. Patient went home and that same morning his arm was swollen. He made an appointment and went to see Dr. Meltzer that same morning. Dr. Meltzer took the splint off his arm and said he didn't need that. Patient asked Dr. Meltzer if he was going to get a cast for his arm, and Dr. Meltzer said it was not necessary and gave him pain meds. Patient kept coming back to Dr. Meltzer's office for about 4 months where only x-rays and pain medications were given. Dr. Meltzer had told patient to do some range of motion exercises at home, and no formal physical therapy or any other therapies were done in the office. Because of the severity of his right arm pain, he did not express to his employer the back pain he was experiencing. As his right arm began to heal wrongly, swelling went down, pain slowly started to diminish and the patient's lower back pain magnified. He states that he has not received any other treatment for his right arm and it is now fixed in a 45 degree flexed position and locks and he can no longer extend beyond this degree. Further, he has not been able to get treatment for his lower back. Patient continues to have pain and diminished flexibility in his right elbow as well as lower back pain and presents to our office for treatment.

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

1) Constant and ongoing pain in the right elbow; 2) Inability to fully extend or flex elbow due to possible Pseudo joint of the right elbow secondary to the Radial Head Impaction Fracture; 3) Low back pain constant.

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

A. Physical examination

Vitals are within normal limits. Range of motion for lumbar spine is decreased in flexion, extension, bilateral lateral flexion, and left rotation. Lumbar range of motion elicited pain in flexion, right lateral flexion, and left lateral flexion. Range of motion for right elbow is decreased in flexion, pronation, supination, and most significantly in extension. Left elbow is within normal limits. Range of motion for right wrist is decreased in flexion and extension compared to the left side. Reflexes for upper and lower extremities are within normal limits except a (+1) for right biceps and bilateral patellar. Orthopedic examination show: (+) SLR at 70 degrees on the right, (+) Elys on the left and (-) on the right, (+) Nachlas on left and (-) on the right, (+) Tinel's over the radial head, (-) Valgus/varus stress to bilateral elbows, (-) finkelstein's bilaterally to the wrist. Circumferential measurements for upper and lower extremities is within normal limits except a slightly larger right elbow. Grip strength is decreased on the right side compared to the left.

DOCTOR'S FIRST REPORT

Re:
DOI:
CL#:

Palpation to right elbow is tender throughout but more on the radial head. Palpation to lumbar spine is tender with spasm on bilateral paraspinals but more on the right side.

Radiologist report on x-rays shows: Right elbow deformity is noted at the superior aspect of the radial head creating a bony angulation through the area of the radial head and proximal metaphysic. This appearance is strongly suggestive of previous impaction fracture of the radial head. Left elbow is unremarkable. Lumbar spine shows a 20% anterolisthesis of L5. His clinical comment is that the patient's inability to fully extend the right elbow is related to previous fracture of the radial head that may no have been appropriately immobilized or given appropriate rehabilitation after healing. The fracture appears to have healed at this time but has left some deformity, which may limit the patient's full extension of the elbow. Further details in report.

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
1) Accidental Fall From Ladder 2) Late Effects Of Accidental Fall 3) Malunion Of Fracture, Right Elbow 4) Late Effect Of Fracture Of Upper Extremities 5) Deformity of elbow/ Impaction Fracture-Radial Head, Healed 6) Spondylolisthesis (20% anterolisthesis of L5 on S1) 7) Chronic Lumbar Disc Syndrome/ Injury	ICD-9 Code 1) E881.0 2) E929.3 3) 733.81 4) 905.2 5) 736.00 6) 738.4 7) 722.10

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

22. I 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, it will impede the recovery of the patient's right arm, particularly if he has surgery repair to extend his arm into a position that is normal again.

23. TREATMENT RENDERED (Use reverse side if more space is needed)
A complete history and consultation was performed in the beginning that consisted of a detailed informative discussion 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, S-EMG, and Thermoscan. The patient was referred to our Radiological Department for x-rays whereby we x-rayed his right elbow and left elbow for comparison, and lumbar spine. He was then referred to our therapy department and began his therapy sessions. The patient was then scheduled for his treatment sessions for the coming weeks.

24. If further treatment required, specify treatment plan / estimated duration.
Patient has a fracture that did not heal properly. He has significant loss of range of motion in his right, DOMINANT elbow. We made an appointment for him with an upper extremity specialist Dr. Vasotsky, MD from Illinois Bone and Joint for second opinion. This patient will start treatment in the form of Physical Therapy and CMT procedures daily for the first week to two weeks, then 3x's per week with a gradual reduction of weekly visits until such time the patient can be released as stable and static. Course of treatment should not be longer than 6-8 weeks however we do not know how the patient will respond especially since his condition is chronic, and the outcome from Dr. Vasotsky's appointment. Part of his therapy will certainly be Rehabilitation or Work Conditioning to increase his overall functional capacity and strength and to prepare him to work with no or very little restrictions. His therapies will also consist of Interferential stimulation, periodic CMT, ultrasound, and manual therapy/myofascial release to the right elbow to improve range motion. A DMX (Digital motion fluoroscopy) procedure will be done for further evaluation of joints in the elbow. An MRI of his right elbow may be necessary for further evaluation of his pain and deformity. Monthly assessments will be necessary to comply with workers compensation mandates. We have no authorization for his low back problem and we will concentrate treatments on his right upper extremity at this time.

25. If hospitalized as inpatient, give hospital name and location. MO DAY Year Estimated Stay
VICTORY MEMORIAL HOSPITAL Admitted date: JUNE 20, 2006 HALF-DAY

26. WORK STATUS-is patient able to perform usual occupation? Yes No
If "no," Date when patient can return to: Regular Work: _____
Modified Work: _____ Specify restrictions: Patient is TTD until 11/23/06
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 20-2713448
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