



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	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. Occupation
		JUNE 04, 2006	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	JUNE 04, 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
		JULY 07, 2006	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

17. 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 has worked for Denny's Restaurant for over 7 years 40(+) hours a week in the Gurnee Store. He has worked mainly in the Kitchen as a Dishwasher and the day of the injury, he was washing dishes at work. On this particular day, he pulled on a tray of silverware and he states that there was a soup spoon stuck which he didn't realize as he was having difficulty getting the tray out. As he continued to pull on the tray, the tray gave and he pulled the tray abruptly with his left hand trailing across the sharp soup spoon. The spoon stabbed him on the left side of his hand immediately and sunk in deep into his left hand apparently almost to the bone. The patient stated that it spurt blood everywhere and was bleeding profusely. Mr. Quezada screamed and his co-workers went to see what happened right away. His manager, (Rob), came to see as well and saw how serious it was and immediately wrapped his hand on a towel because of the bleeding. Manager Rob took the patient to Condell Acute Care in Libertyville. Condell Acute care did a breathalyzer test to see if the patient was drinking on the job which is always standard. The patient was treated immediately and had his cut washed and stitched up with 8 stitches and then was covered with durable gauze with adhesive hospital tape. The patient's manager, ROB picked the patient up from the hospital. The Doctor sent him to work and stated he could use one hand and keep the other out of dishwashing water. Mr. Quezada's work felt that he would not work and told him to stay off work. The patient waited for his friend to get out of work because that was his ride. Patient went home to rest and was told to follow up with the doctor in a week. Patient returned that week and they cleaned his wound, placed a Band-Aid on his hand again, and was scheduled for another follow-up for removal of stitches. Patient was then scheduled to a specialist for therapy because he was feeling numbness in his left pinky. Patient states he was doing his therapy and has an appointment on July 11 with a doctor to see how he is doing. Patient's therapy consisted of two times a week for approximately 2 weeks by having ultrasound, massage, placing hand in a box of beans, and home exercises. Patient states he is not happy with the other doctor because it is far and he has no transportation. Patient came into the office because of the distance to make an appointment and continue therapy and follow ups. Patient stated that every office visit he had, he was to take a letter to his job to see whether he was following up with the doctors at Condell Hospital. He presents himself to our office for further evaluation and treatment.

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

1) Numbness in left lateral hand by his pinky when he touches his wound. When stretching hand, he feels a numbness sensation to his pinky. 2) Patient experiences radiating pain in the arm upon squeezing the triceps. 3) Left upper extremity weakening, mainly in the left pinky. 4) Left hand pain mainly in **hypothenar and pinky region**.

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

A. Physical examination: Observation shows redness around a 3-4 cm scar in the hypothenar eminence area of the left hand that begins at the palmar surface of the hand and wraps around to the dorsum side of the hand. Left hand hypothenar eminence appears slightly swollen. Redness also noted around a 1cm scar in the 5th metacarpophalangeal joint (pinky) just distal to the predominant injury. Orthopedic examination show a (+)Tinel's over left distal 1/3 of forearm in medial side anatomically, and over the 3cm with pain traveling down to pinky finger. Reflexes were within normal limits for upper extremity. Range of Motion is slightly decreased with the left wrist flexion and extension and the right is within normal limits. Grip strength is decreased on the left side. Cranial nerves are within normal limits. Muscle testing shows: Wrist extensors revealed 10.4, 9.9, and 10.3 on right, and 8.1, 10.4, and 9.4 on left. Wrist flexors show 13.6, 12.8, and 12.0 on right, and 7.7, 9.9, and 8.0 on left. 5th digit (pinky) extensors show 3.4, 3.9, and 3.2 on right, and 1.7, 2.1, and 1.8 on left. 5th digit (pinky) flexors show 5.4, 5.7, and 5.2 on right, and 2.8, 2.2, and 2.1 on left. Measurements of the upper extremity appear to be within normal limits bilaterally with slight increase or swelling of the left hand which is reasonable to assume due to the injury and that it is still healing. There are no other remarkable findings worth mentioning at this time.

B. X-ray and laboratory results (State if none or pending.) X-Rays were not necessary at this time. Neuro-Diagnostic Testing was due to it being a soft tissue injury with residual numbness.

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) Laceration, Left Hypothenar mid-region, abductor digiti quinti of the small finger, 3-4 cm, Post-Suture Scar and Left Pinky, Minimal Puncture; 2) Left Pinky/ Hand Paresthesia secondary to superficial and deep Ulnar distribution Peripheral Nerve Injury; 3) Left Forearm/ Muscle Strain Radiating - *(Flexor Carpi Ulnaris, Retina- column and Palmer Aponeurosis and Palmaris Longus)		ICD-9 Code: 959.4, 959.5, 955.2, 782.0, 728.85

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

22. Are there any other current conditions that will impede or delay patient's recovery? Yes No If "yes," please explain.

If the patient is denied proper Physical Therapy and Rehabilitation or Work Restrictions are not honored, it will delay his progress. Otherwise, his condition should continue to heal appropriately.

DOI:
RE:
CL#:

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

The patient was given a complete and thorough examination consisting of AMA guideline measurements for accurate detail of possible disability and to compare to the opposite side consisting of grip strength, measurements of circumference of the upper extremities, muscle testing of the flexor and extensor muscles and digital and visual palpation. He was further given a comprehensive and detailed consultation and history detailing his past history, history of injuries, symptoms of the injury of issue and job description complete. Recommendations for an upper extremity NCV has been made and will be scheduled and the patient was forwarded to our Physical Therapy Department for therapy. He received initially acute phase of care which consists of e-stim to the flexor and extensor muscles wrapped with a hot pack and then Ultrasonic Therapy directly underneath the hot pack onto the flexor muscle group where the injury mostly affected and closest to the wrist of the right hand only. Once he was through with this, myofascial release was performed to the forearm, specifically the flexor side and at the wrist whereby the therapist rubs deep into the muscles previously mentioned to realign the ripped tissue that is scarring along the Ulnar aponeurosis. This process is very painful but necessary in order to avoid palmer contractures, which become permanent such as "Ape" hand and "Hook" or "Claw" finger. The patient was then released to the front and scheduled for his therapy.

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

This patient will receive Physical Therapy daily for the first week followed by 3x's per week thereafter until maximally medically improved. His initial acute phase of care will be strictly to relieve him from the pain and further to get the injury to heal correctly before it becomes more difficult to treat. It is imperative that he receive this phase of care to establish reattachment and healing of severed superficial and deep peripheral nerves in the Ulnar distribution of the medial side of hand. He will begin the work conditioning exercises after two weeks of this acute phase of care and will continue as such but also have the patient become actively involved with the physical therapy and work closely with the therapists and the Physician. He has been scheduled for an NCV to further look at the Peripheral nerves of that hand in comparison to the opposite side and whether or not there is a true Peripheral Ulnar Neuropathy or trauma to the Ulnar Nerve since there is residual complaints of Paresthesia in that distribution of his left hand. Medical referral is not warranted yet, but if the patient does not respond within the next 6 weeks of care, it may be necessary to refer him to our Orthopedic wrist and hand specialist for a second opinion and would have to possibly get an MRI of his left hand prior to this visit.

25. If hospitalized as inpatient, give hospital name and location.

CONDELL MEDICAL CENTER

MO	DAY	Year	Estimated Stay
06	- 04	- 06	HALF DAY

26. WORK STATUS-is patient able to perform usual occupation?

 Yes No

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

Regular Work: 08/14/06 Modified Work 07/14/06 Specify restrictions: **Patient must wear protective gloves**

that cover completely his hands and up past his wrist so that his injury does not touch dirty water. The scar is sensitive and bacteria could become problematic to it inside the tender region of the scar. He is not to lift anything >10-15lbs with his left hand.

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.

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