



Spine Institute of Waukegan
WORKERS COMPENSATION PROGRESS REPORT
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)
PTP - PROGRESS REPORT UPDATE - Lower Back, Left Knee, Chest Pain
OFFICIAL OFFICE FORM

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e. has reached maximum medical improvement), do not use this form. You may use WCPR Form FR3 or WCPR-3 Form 040605.

Form with checkboxes for report types: Periodic report, Change in treatment plan, Discharged, Change in Work Status, Need for referral or consultation, Info. Requested by, Change in patient's condition, Need for surgery or hospitalization, Other: P/T and Rehab needed to Continue

Patient: \*(see below) Treatment Facility: SPINE INSTITUTE of WAUKEGAN, LLC

Form with fields for Patient information: Last, First, MI, Sex, D.O.B, Address, City, State, Zip, Occupation, SS#, Phone

Claims Administrator: DOI:

Form with fields for Claims Administrator: Name, Claim Number, Address, City, State, Zip, Phone, Fax

Attorney: \*(If Applicable)

Form with fields for Attorney: Name, Claim Number, Address, City, State, Zip, Phone, Fax

Employer Name: Employer Phone:

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective complaints: (Any and all complaints that pertain to the injury of issue and that are consistent with exam findings.)
Re-Examination of his low back and upper back. Patient states he is feeling worse in last couple of days due to having to lift heavy objects at work. His current restrictions are 35lbs but there are times he has to lift heavier objects. Overall he feels the therapies are helping. Low back pain is in bilateral sides and describes as a sharp pain. Radiating pain into legs is less than before and bilateral knee pains are improving. Patient states numbness in left leg is very mild and no longer constant. Upper back pain is better and middle back pain is also improving but has increased pain in last couple of days. He states therapies are helping him especially the exercises. Knees are also feeling better and feels the exercises have helped the most.

Objective findings: (Include significant physical examination findings or other needed for current update on patients progress.)

THORACO-LUMBAR: Range of motion in flexion 40° with pain, Extension 20° with pain, R. Lateral flexion 20° with mild pain, L. Lateral flexion 20° with mild pain, R. Rotation 35° with mild pain, and L. Rotation 40° with mild pain. INSPECTION: No swelling noted. PALPATION: Moderate tenderness throughout T6 and L4-S1 vertebrae. Tightness, spasms, and tenderness throughout paraspinal in lower lumbar area. SI joints non-tender. SPECIAL TESTS: SLR (+) on left at 40 degrees and SLR on right causes low back pain, (-) Kemps bilaterally, (-) Ely's bilaterally, (-) Nachlas bilaterally.

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

MUSCLE STRENGTH: Hip Flexors 4/5 for L and 5/5 for R, Knee extensors 4/5 for L and 5/5 for R, Knee flexors 4/5 for L and 5/5 for R, Foot inversion 4/5 for L and 5/5 for R.

KNEE: Range of motion is within normal limits bilaterally with the knees. Palpation shows mild tenderness throughout left medial knee.

MRI, NCV/EMG or CPT/SEP test results, Digital Motion Fluoroscopy, (DMF), etc.: (laboratory, imaging, or other diagnostic findings that are pertinent to this patient and the injury of question. Discuss findings and how it will alter your treatment plan, if at all.)

03/28/07 - NCV/SSEP was performed and exhibits left S1 Radiculopathy along with abnormal readings with the SSEP findings suggesting spinal Stenosis secondary to disc and other. Multiple peripheral neuropathies noted with the sensory nerves, mainly left side.

**PTP - PROGRESS REPORT**

RE:  
DOI:  
DOE:

**MD EVALUATION and findings:** (If applicable, describe all referred Physician findings and what's recommended and/or what's being performed by said Physician Specialist. Is surgery a probability or possibility?)

***05/01/07 - Patient was seen by Medical Neurologist for a follow up EMG study of the lower extremities confirming the Radiculopathy in the left lower extremity and multiple peripheral neuropathies. Dr. Chhabria MD's report is forth coming.***

<p>20. DIAGNOSIS (If occupational illness, specify etiologic agent and duration of exposure.)</p> <ol style="list-style-type: none"> <li>1) LUMBAR INTERVERTEBRAL DISC INJURY/ Multiple</li> <li>2) LUMBAR RADICULOPATHY, Left Leg Dominant</li> <li>3) r/o Bilateral MENISCUS CRUSH INJURY, left Dominant</li> <li>4) PARESTHESIA/ Numbness Lower Extremities-Left Dominant</li> <li>5) MUSCLE WEAKNESS, Upper/ Lower Extremity/ Trunk/ Spine Musculature</li> <li>6) MUSCLE SPASMS, Trunk/ Spine Musculature</li> <li>7) Thoracic Sprain/strain</li> <li>8) Lumbar sprain/strain</li> <li>9) Knee sprain/strain</li> <li>10) Sternum Sprain</li> <li>11) Thoracic segmental dysfunction</li> <li>12) Lumbar segmental dysfunction</li> <li>13) Sacral segmental dysfunction</li> <li>14) Pelvis segmental dysfunction</li> <li>15) CONCUSSION with loss of consciousness of less than 30 minutes</li> <li>16) Difficulty In Walking/ ALTERED GAIT</li> <li>17) ANXIETY and STRESS related to the incident</li> <li>18) INFLAMMATION and SWELLING, Upper/Lower Extremities/Trunk and Spine</li> <li>19) Accidental fall from Scaffolding</li> </ol>	<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"> <li>1) 722.10 - CONFIRMED</li> <li>2) 724.3 - CONFIRMED</li> <li>3) 836.2</li> <li>4) 782.0 - Resolving</li> <li>5) 728.87</li> <li>6) 728.85</li> <li>7) 847.1 - Resolving</li> <li>8) 847.2 - Resolving</li> <li>9) 844.9 - Resolving</li> <li>10) 848.40 - RESOLVED</li> <li>11) 739.2</li> <li>12) 739.3</li> <li>13) 739.4</li> <li>14) 739.5</li> <li>15) 850.11 - RESOLVED</li> <li>16) 719.7</li> <li>17) 308.0</li> <li>18) 716.95- Resolving</li> <li>19) E881.1</li> </ol>
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**Treatment Plan:** Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation or acupuncture) Use of CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?

Patient was sent back to work with restrictions but is experiencing increased pain. Patient was reminded again not to lift more than his restrictions and to notify his employer. Patient has been receiving therapies 3x's a week with physical therapy and Rehab, CMT, therapeutic exercises, and VAX-D treatment. Patient has been improving in subjective and objective findings but aggravations in last couple of days due to lifting heavier things at work. He is feeling overall better and treatment will continue 2x's a week for subjective complaints for 4 more weeks where another re-exam will be performed.

**DISABILITY STATUS:** (Describe patient's current disability and whether or not they are off work, working with restrictions or back to work completely. Also display the amount of time lost from work since treatment commenced in your office up to the date of the re-exam.)

<p>Work Status: this patient has been instructed to:</p> <p><input type="checkbox"/> Remain off work until:</p> <p><input checked="" type="checkbox"/> Continue with modified work since: 05/14/07 <b>WITH THE FOLLOWING RESTICTIONS: No lifting more than 35lbs. No excessive bending. See return to work form for more details.</b></p> <p>(List all specific restrictions re: standing, sitting, bending, use of hands, etc.):</p> <p><input type="checkbox"/> Return to full duty on _____ with no limitations or restrictions.</p>
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**Primary Treating Physician:** (Original signature, do not stamp)

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Date of exam: 05/17/07

IL Lic. #: 038-010349

Signature: \_\_\_\_\_

Executed at: Lake County, Illinois

Name: Dr. Kelly G. Worth, D.C., FAFICC, DACAN, DABCI

Address: 2634 Grand Avenue, Suite #100, Waukegan, IL 60085

Date: 05/17/07

Specialty: Chiropractic Neurology and Rehabilitation

Phone: (847) 775-0800

**(Use additional pages, if necessary)**