



Spine Institute of Waukegan
WORKER'S COMPENSATION PROGRESS REPORT
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)
PTP - PROGRESS REPORT UPDATE - Cervical Spine and Left Shoulder
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 WCC Form FR3 or IMC Form 81556.

Form with checkboxes for report reasons: Periodic report (checked), 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: Patient to continued Treatment per MD (checked).

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: Roofer, 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: N/A, 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.)

Patient is in today for a re-examination. He was seen last week for his left shoulder and back. Patient states that he still feels or experiences pain in his left arm and left shoulder but not as severe as when he first came in. He cannot lift it in an abduction position with any success. His pain in his shoulder is worse with excessive movement. He is currently working with restrictions and is back at work doing manual things as a roofer and states that yesterday, he was asked to perform lifting of bricks and material to put into a dumpster as well, picking up garbage mainly. He finds that the work causes it to increase in pain limiting his movement and activity of what he can lift and perform. Yesterday, he states that he did much more lifting that stemmed increased pain throughout the joint. Today he states that the pain has subsided some since he is not lifting or doing any heavy work. The arm and arm numbness are also increased somewhat when the shoulder pain goes up, but mainly overall, is going down. The patient states that his pain in his neck is going down. The pain is still there but the therapy is helping him he states.

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

CERVICAL SPINE: Range of motion in flexion 50° with less pain, extension 50° with less pain, R. Lateral flexion 40° with less pain, L. Lateral flexion 40° with less pain, R. Rotation 75° with no pain, and L. Rotation 70° with less pain. INSPECTION: Normal skin appearance. No deformity noted. There is no swelling. There is no discoloration. PALPATION: No crepitation present. Trigger points noted in the left trapezium. Tenderness and spasms throughout paraspinal muscles bilaterally. Tender cervical spinous process at C4-C7 are noted with loss of the cervical curve to a moderate degree and C4-C6 are rotated to the right with pain and tenderness to palpation. No effusion. SPECIAL TESTS: Cervical compression (-), Cervical distraction relieves pain, Jackson compression (-) bilaterally, Shoulder depression (+) bilaterally with the left worse, Soto-hall (+). Grip strength 49, 47, and 46 for Left and 47, 45, and 41 for right

LEFT SHOULDER: Left shoulder range of motion flexion is 105° with pain, L shoulder extension shows 50° with pain, interior rotation is 30° with pain, exterior rotation is 70° with pain, adduction is 50° with less pain, L shoulder abduction is 110° with pain. INSPECTION: Skin normal in appearance. No swelling noted. There is no discoloration. PALPATION: Tenderness in AC joint, bicipital groove, anterior/middle deltoid, and supraspinatus. Trigger points noted in posterior in left scapulae area still noted but appear improved since last month. Palpation of clavicle non-tender, coracoid process mildly tender. SPECIAL TESTS: Supraspinatus (+), Apprehension (+). Patient has clicking and popping still noted throughout range of motion.

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RE:
DOI:
DOE:

MUSCLE TESTING:

Cervical Flexion 5/5,
Cervical Extension 5/5,
Cervical Lat Flexion 5/5 for L and
Cervical Lat Flexion 5/5 for R.,
Shoulder abduction 4/5 for L with pain and 5/5 for R,
Shoulder Ext. Rotation 5/5 for L and 5/5 for R,
Shoulder Int. Rotation 4/5 for L with pain and 5/5 for R,
Shoulder Flexion 4/5 for L with pain and 5/5 for right,
Shoulder Extension 5/5 for L and 5/5 for R

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.)

Digital Motion Fluoroscopy exhibits damage to the Supraspinatous tendon; Damage to the Glenohumeral joint capsule

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?)

05/09/07 – Evaluation by Dr. Vistosky M.D. from “ILLINOIS BONE and JOINT INSTITUTE” whereby the Physician states that he examined the recent study and examined the CT/MRI scans and notes further trauma not found in the read from Gurnee Radiology that suggests labral tear due to increased fluid down the anterior portion of the neck indicating midsubstance ligamentous and interval tear. Further, there is swelling in the supra and subscapularis region. He recommends continued treatment that we are providing for the patient.

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| <p>20. DIAGNOSIS (If occupational illness, specify etiologic agent and duration of exposure.)</p> <ol style="list-style-type: none"> 1) SHOULDER DISLOCATION, Left Partial-Labral Tear 2) PARESTHESIA/ Numbness Lower Extremities-Left Dominant 3) CERVICAL DISC INJURY 4) Cervical Radiculitis, Left Side Dominant 5) MUSCLE WEAKNESS, Upper/ Lower Extremity/ Trunk/ Spine Musculature 6) ROTATOR CUFF INJURY, Left Upper Extremity, w/ Labral Tear 7) Instability of joint (Shoulder) 8) Disorders of bursae and tendons in the shoulder 9) ACROMIOCLAVICULAR SPRAIN, Second Degree 10) ROTATOR CUFF CAPSULAR SPRAIN, Left Shoulder Joint/ Labral tear 11) OTHER MULTIPLE UNSPECIFIED SPRAINS, Left Shoulder Joint 12) MUSCLE SPASMS, Trunk/ Spine Musculature 13) Cervical sprain/strain 14) Cervical segmental dysfunction/ *MULTIPLE VERTEBRAE DISPLACED 15) ANXIETY and STRESS related to the incident 16) INFLAMMATION and SWELLING, Upper/Lower Extremities/Trunk and Spine 17) Accidental fall from Scaffolding | <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"> 1) 831.0 2) 782.0 3) 722.0 - Resolving 4) 723.4 5) 728.87 6) 726.1 7) 718.81 8) 726.10 9) 840.0 10) 840.4 11) 840.9 12) 728.85 13) 847.0 14) 739.1, *839.08*(Resolved) 15) 308.0 16) 716.95 - Resolving 17) E881.1 |
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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 has been doing range of motion exercises and therapy with strengthening rehabilitation to his left shoulder and neck 2-3 times per week which has been assisting the patient greatly. He was seen by the Orthopedist recently and told to continue with the same treatment protocol and is to follow up in 4 weeks for evaluation with the Orthopedist Dr, Visotsky. The patient continues to respond to treatment and we will continue to assist in curing and/or relieving the patient from their injuries as State Law allows. We will follow the MD recommendations on continued rehab for both his shoulder and neck until such time the patient is seen once more by the MD.

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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.

Patient currently working with restrictions as follows:

SHOULDER – No lifting over 25 pounds with the injured extremity. Work with the hand below shoulder level and the elbow within 45 degrees of the side. Avoid forceful or repetitive motion of the upper arm, such as sweeping and wiping.

NECK / MID BACK – No lift over 35 pounds. Avoid repetitive or prolonged neck flexion, such as bending over a low work table. Avoid repetitive or prolonged reaching unless the weight of the arms is supported. Avoid forceful or repetitive pushing or pulling motions. Work with the hands below shoulder level.

LOW BACK – No lifting over 35 pounds. Avoid frequent bending or twisting motions of the low back. Alternate sitting and standing as needed. Avoid prolonged flexion of the back, such as bending over a low work table.

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| <p>Work Status: this patient has been instructed to:</p> <p><input checked="" type="checkbox"/> Remain off work until: 05/14/07</p> <p><input type="checkbox"/> Return to modified work on: _____ WITH THE FOLLOWING RESTICTIONS: (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)

Date of exam: 05/15/07

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.

IL Lic. #: 038-010349

Signature: _____

Date: 05/15/07

Executed at: Lake County, Illinois

Specialty: Chiropractic Neurology and Rehabilitation

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

Phone: (847) 775-0800

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

WCC Form PR-2 (Rev. 8/29/05)