



State of Illinois
Workers' Compensation Commission
SECONDARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)
STP - PROGRESS REPORT UPDATE - RIGHT KNEE INJURY

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.

<input checked="" type="checkbox"/> Periodic report (required 30-45 days after last report)	<input type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Discharged
<input type="checkbox"/> Change in Work Status	<input type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Info. Requested by: _____
<input type="checkbox"/> Change in patient's condition	<input type="checkbox"/> Need for surgery or hospitalization	<input checked="" type="checkbox"/> Other: <u>FURTHER P/T NEEDED</u>

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

Last:	First:	MI:	Sex:	D.O.B:
Address:		City:	State:	Zip:
Occupation:	SS#:	Phone:		

Claims Administrator: **DOI:**

Name:	Claim Number:		
Address:	City:	State:	Zip:
Phone:	Fax:		

Attorney: *(If Applicable)

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.)

Patients' here today for a re-exam specifically for his right knee injury. It has been since December 15, 2006 where he received the surgery. He had immediate therapy for approximately 2.5 weeks and then it was stopped due to his severe complaints with his back and lower extremity numbness. He started formal therapy for his knee with us on January 02, 2007 and was stopped on February 07, 2007 due to the severe complaints of his lower spine and extremity numbness. He was taken off all therapy until March 13, 2007 when he was again started on a lighter regimen. His condition was split up into two parts, his knee Tuesdays and Thursdays and His lower back on Monday, Wednesdays and Fridays. So far, the patient has been experiencing the majority of his pain with his lower spine. Today we are asking him specific questions pertaining to his right knee and the improvement and/or residual complaints still noted as important facts to his further recovery.

The patient today still states that he has pain in his knee but it is not all the time and more positional. At rest, he will experience usually no pain but as soon as he shifts his body weight or goes to get up, he will feel a sharp stabbing pain directly in the joint. Otherwise, when he walks straight, he doesn't experience as much pain and will feel pain mainly when he turns or rotates his right knee or pushes off to go to the right or left, he will get the stabbing pain in the knee that is mainly on the medial aspect of the knee joint. He will also experience pain in the distal region of the anterior surface of the thigh especially upon going up and down stairs. This is possibly from the knee cap diverted from its normal position grinding onto the distal femur patellar groove. He experiences loud pops in his knee joint when he tries to do a deep knee bend. He doesn't feel anymore that the leg is going to go in the opposite direction and does feel like it is getting stronger from the rehab work at the facility. He does get sore at the end of the rehab visit and is able to feel less pain leaving the facility upon a short series of passive modalities to the right knee region. He still has to sleep with a pillow between his legs upon sleeping through the night, but also partially due to the back problem too. When he performs the stretching exercises at home for his thigh, he notes that he will experience a tearing sensation at the medial aspect of the right knee. Although he states that before, this would occur at approximately 90 degrees, then 100 degrees now about 120 degrees, so he is extending into a closer range of motion protocol and is showing objective improvement.

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RE:
DOI:
DOE:

In the last 30 days since last re-exam, the patient has seen multiple Physicians', Dr. Lami approximately April 09, 2007 who specializes in back surgeries and Dr. Lisa R. Ferley as a nerve specialist and was seen by her approximately the 20th of March and the patient is to see her again on the 27th of this month. The appointment with Dr. Ferley was the first appointment and did a consultation and evaluation and ran some minor tests, blood, etc... to eliminate some differential diagnosis's and ended up prescribing further nerve medication to assist him in getting sleep and less pain in the lower extremities. A follow-up appointment was made for the 27th of April. The patient was also seen by Dr. Lami and was initially seen by this Physician the beginning of March. He was evaluated and thought that the patient might benefit from an additional shot but then decided that a prolonged course of Physical Therapy and Rehabilitation would be more beneficial along with home stretching and patience. He was scheduled for another month and was just seen a week ago with Dr. Lami who does not want to see him for a year but rather desires that Mr. Trudeau call him monthly and talk with him about his condition. Dr. Lami suggested that a work conditioning program might be beneficial but stated that all his recommendations would go to Dr. Melatude who is still the primary treat Physician. The patient is currently scheduled for the 7th of May to see his primary treating Physician.

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

CIRCUMFERENTIAL MEASUREMENTS

Thigh, 15cm up from patellar is 46.5cm left and 47cm right, a difference of last month of 1-2 cm's difference exhibiting positive signs of muscle atrophy or deconditioning. Knee 39.5cm left and 39.0 right which was the same as last month; Calf 38 left and 37.75cm's right which also exhibits a decrease in muscle girth of 0.5cm's of deconditioning; Ankle 22.5cm left and 22.5 right which was the same as last month.

MUSCLE STRENGTH:

Hip Flexion, left - 28, 22 and 29; Right - 38, 37 and 38; Knee Extension, left - 35, 35 and 34; Right 51, 50 and 50; Knee Flexion, Left - 19, 21 and 21; Right 50, 51 and 51; Tibialis Anterior/ Foot Inversion, Left - 16, 16 and 15; Right - 58, 58 and 59 lbs of pressure. Able to heel walk and toe walk but unable to dorsiflex on left as much as the right side. There are no other remarkable findings noted.

PALPATION: To the right knee, digital palpation exhibits tenderness superior to patellar and at surgical scars. Digital palpation throughout, particularly the popliteal fossa, causes pain and finally, the inside region or medially.

RANGE OF MOTION: Knee range of motion is decreased in flexion at 143 degrees and painful at end range. External rotation of right knee painful. Valgus stress shows midline pain in the knee joint still.

ORTHO TESTS: Patient exhibits a positive Chondromalacia Patellar Test on the right side still. There is as well a (-) meniscus test and appears that the blood supply to the knee is assisting in the area surgically repaired to become better supplied with the nutrients needed as the patient is showing decreased signs of meniscus pain since last re-exam. Valgus stress causes severe pain at the medial border of the knee. There are no other remarkable findings noted.

sEMG and Thermo Readings: (Most recent scan and graph findings, a brief overview)

N/A

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.)

N/A

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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?)

Patient to return to MD Ortho-Surgeon for a follow-up.

DX-Diagnoses:

1. Internal Knee Derangement, Medial Menisc-Chronic Post-Op	ICD-9 717.2
2. Swelling of right Knee joint	ICD-9 719.06
3. Knee pain, Right	ICD-9 719.46
4. Numbness/ Paresthesia in lower extremities	ICD-9 782.0
5. Generalized weakness, lower Extremities	ICD-9 728.87
6. Myospasms	ICD-9 728.85
9. Arthroscopy Right Knee	ICD-9 80.26

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?

The patient is scheduled for his follow-up visit with Dr. Melitude, his primary care giver and surgeon for his knee, for May 07, 2007. He is currently on 2 days per week of care specifically for his right knee and is going well. He will continue with the rehabilitation and conditioning for his right knee on Tuesdays and Thursdays until his next re-exam. He will work with the leg extension and leg flexion exercise machine to strengthen "both" his knees. He will also do floor exercises and additional lower extremity machines unrelated to his other back exercises. He will perform light cardio functioning with the treadmill mainly at 1-5% grade increase. His rehabilitation will be followed by deconditioning therapy for assistance with healing and to decrease swelling and pain in the joint. He will be re-evaluated in 30 days. If there are any changes that are requested, we would appreciate faxing to us comments to: (847)775-0888 fax.

Thank you for your assistance.

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 TTD per Orthopedic MD/ Surgeon.

<p>Work Status: this patient has been instructed to:</p> <p><input checked="" type="checkbox"/> Remain off work until: <u>DEFER TO ORTHOPEDIC SURGEON</u></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>

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: 04/13/07

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: 04/13/07

Specialty: Chiropractic Neurology and Rehabilitation

Phone: (847) 775-0800

(Use additional pages, if necessary)