



State of Illinois
Workers' Compensation Commission
SECONDARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)
STP - PROGRESS REPORT UPDATE - LUMBAR 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: 18	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.)

Patient presents for re-exam. Patient has been to Dr. Lammy and feels that his leg feels shaky and recommended work conditioning exercises. Patient states his legs feel weak, particularly the left. Patient has been taking "nerve medicine" for about 2 weeks prescribed by Dr. Ferley. Patient states his leg felt weak before taking the medicine but after taking it, it appears his legs are more shaky. Patient states therapies are helping especially the exercises. He states he feels some days are better and worse on others. Low back pain in bilateral sides and worse in the middle of his back. He has radiating pain into bilateral legs more on the left. He feels stabbing pains in his left side of feet and knee and it seems to be worse with medicine. Patient is able to sleep now with the prescribed medicine. Patient is currently not working right now. Patient says bending forward and getting in/out of car makes his pain worse and feels weakness in his legs. Patient has been doing home exercises and has tried doing other stretching as tolerable. He is keeping active at home walking up and down the stairs and on the treadmill 10-15 minutes at home.

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

Circumferential measurements right knee 35.5cm and left 35cm,

THORACOLUMBAR: Range of motion in flexion 60° with little pain, extension 20° with pain, R. Lateral flexion 20° with little pain, L. Lateral flexion 25° with pain, R. Rotation 45° with pain, and L. Rotation 45° with less pain.

INSPECTION: No ecchymosis. No erythema. No deformity. There is slight swelling noted in the lower L5 region.

PALPATION: Trigger points with mild spasm noted throughout left paraspinal, left Piriformis, and left gluteus medius muscles. Moderate tenderness in left sacroiliac joint with some swelling noted as a nodule. Vertebrae compression moderately tender at L4-S1.

SPECIAL TESTS: Heel and toe walk, patient was fine with toe walk, but heel walk had difficulty with the left foot in a dorsiflexed position. (+) SLR on the left at 50 degrees w/ increase in pins and needles down the leg after testing, (+) SLR on right caused low back pain, (-) Kemp's bilaterally, (-) Nachlas bilaterally, (-) Ely's bilaterally.

MUSCLE TESTING: 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.

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DOE:

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

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?)

FARLEY AND LAMMY.

DX-Diagnoses:

1. POST-OPERATIVE COMPLICATIONS-Neurological	ICD-9 998.9
2. DROP FOOT SYNDROME/ Partial Left-Peroneal N.	ICD-9 736.79
3. WEAKNESS, Lower Extremity	ICD-9 728.87
4. NUMBNESS / Paresthesia in lower extremities	ICD-9 782.0
5. CHRONIC POST-OPERATIVE PAIN	ICD-9 338.28
6. MYOSPASM, Mid to Lower Paravertebral Muscles	ICD-9 728.85
7. LUMBOSACRAL RADICULITIS	ICD-9 724.4
8. LOWBACK PAIN	ICD-9 724.2
9. LUMBAR SEGMENTAL DYSFUNCTION	ICD-9 739.3
10.LUMBAR Intervertebral Disc Syndrome - L5/S1/Left Post-Lat	ICD-9 722.10

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 will continue with his Rehabilitative Care/ Exercises and Conditioning 3x's per week as instructed from Surgical MD. The four hour conditioning program that has recently requested will be implemented as soon as we receive the new script from the primary Doctor, Dr. Melatude. Until then, we will go ahead and modify what we have been instructed to do and try to increase the time element slowly on the patient as requested by the assisting Nurse Case Manager and what was recommended by Dr. Lammy. The work conditioning exercises have been established and will be as follows:

EXERCISES:

- 1) Flexion front and sides for anterior strengthening of the internal spinal muscles and abdominals.
- 2) Extension exercises for specifically the paravertebral muscles.
- 3) Adduction exercises for the hip and low back. *(performed with lower extremities)
- 4) Abduction exercises for the internal pelvic muscles and lower psoas and spine. *(“)
- 5) Cable Cross Over with twisting in the A) Upper, B) Middle and C) Lower position.
- 6) Oblique machine for the rotatory muscles of the spine and the oblique muscles, right and left sides.

CARDIO:

- 1) Bike and Treadmill for 15 to 30 minutes

STRETCHING:

- 1) Back stretching and abdominal stretching
- 2) Hip stretching, internal/ external
- 3) Hamstring stretch
- 4) Quadriceps stretch

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FLOOR EXERCISES/ Other:

- 1) Ball and wall cable exercises for core strengthening w/ modified McKenzie.

Patient’s reps will be less than usual gradually increasing to where we are doing 10-15 reps with sets of 3-5 depending on the patient’s condition. This will be for the majority of the machine exercises that will be performed. All other exercises are as stated. Details are in the rehabilitation notes. These exercises will engage the patient is as close to a simulated program as we can do to assist him in strengthening his condition and increasing his overall functional capacity for preparation of going back to work. The patient is eager to perform well on said program and further, desires to go back to work but cannot physically perform at this time. We are of the same opinion that he is not in any condition going back to work at this point in time.

When patient has completed his prolonged work conditioning program each day, he will continue to receive the passive limited physical therapy that is given immediately after the exercise for assistance in further healing of his condition. With the conditioning and rehabilitation, it aggravates his condition severely and does not sometimes happen right away until later at home or in the car and therefore we need to perform the additional passive modalities so that this is minimized and the patient will not be down for 2-3 days without therapy and conditioning due to his aggravations. It is also assisting the nerves to heal up appropriately.

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.

Work Status: this patient has been instructed to:
 Remain off work until: DEFER TO ORTHOPEDIC SURGEON
 Return to modified work on: _____ **WITH THE FOLLOWING RESTICTIONS:**
(List all specific restrictions re: standing, sitting, bending, use of hands, etc.):
 Return to full duty on _____ with no limitations or restrictions.

Primary Treating Physician: (Original signature, do not stamp)

Date of exam: 04/12/07

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: _____

Executed at: Lake County, Illinois

Date: 04/12/07

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

Specialty: Chiropractic Neurology and Rehabilitation

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

Phone: (847) 775-0800

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

(Use additional pages, if necessary)