



Spine Institute of Waukegan
Workers' Compensation Progress Report
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)
PTP - PROGRESS REPORT UPDATE - Thoracic Spine, Chest, Orthopnea

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: CONTINUE TREATMENT (checked)

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

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

Claims Administrator: ERIE INSURANCE DOI: 03/09/07

Form for claims administrator information: Name, Claim Number, Address, City, State, Zip, Phone, Fax

Attorney: *(If Applicable)

Form for attorney information: 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 is here for re-exam of his chest and middle/upper back region. Middle back pain severity is feeling about the same since last re-exam. He feels therapies help him alleviate the pain but it returns in couple of hours. Upper back pain is much better and currently rates it a 2 out 10 in VAS. Chest pain is worse when standing or sitting for long time. Chest pain feels pain is slightly better and not as strong. He has less difficulty in breathing except at night where it is more difficult lying on his back making it difficult still to sleep. This makes him tired throughout the day. Patient went to Dr. Citow M.D. around May 25, 2007 for secondary evaluation of his fractured thoracic spine. Dr. Citow examined, gave him pain med prescriptions, and referred him to see another back surgeon/ pain specialist for epidural pain injections. Both doctors told patient that he could either have surgery or wait 3 months, do rehabilitation either way and take pain meds, and hopefully it will get better. Patient is taking pain meds 4-6 hours as prescribed by Dr. Citow. Patient is currently not working and is TTD.

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

THORACIC SPINE: Range of motion in flexion 42 degrees with pain, extension 22 degrees with pain, R. Lateral flexion 26 degrees with pain, L. Lateral flexion 25 degrees with pain, R. Rotation 32 degrees with pain, and L. Rotation 23 degrees with pain. INSPECTION: No rashes noted. PALPATION: Trigger points with mild spasm noted throughout bilateral paraspinal muscles still mostly at T6-T10 level. Vertebrae compression still moderately tender around T7-T9. Segmental dysfunction at T5-T7. SPECIAL TESTS: Deep inspiration non-tender. Sternum compression (-) Chest wall compression feels "soreness/tiredness inside". Lung fields clear to auscultation and percussion.

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.)

No new additions.

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?)

05/25/07 - Evaluation seen by Dr. Citow M.D. from Lake County Neurosurgery. Dr. Citow recommends continued treatment as being performed and course of Relafen.

PTP - PROGRESS REPORT

RE:
DOI:
DOE:

<p>20. DIAGNOSIS (If occupational illness, specify etiologic agent and duration of exposure.)</p> <ol style="list-style-type: none"> 1) THORACIC COMPRESSION FRACTURE, Closed; T8 LEVEL 2) THORACIC DISC INJURY, Multiple Levels 3) PARESTHESIA/ PARALYSIS, Lower Extremity Intermittent - Resolving 4) AUTONOMIC NERVOUS SYSTEM DISORDER, T6-T9; Secondary to Trauma 5) MUSCLE WEAKNESS, Upper/ Lower Extremity/ Trunk/ Spine Musculature 6) MUSCLE SPASMS, Trunk/ Spine Musculature 7) Thoracic Sprain/Strain 8) Lumbar Sprain/Strain 9) Sternum Sprain 10) Thoracic Segmental Dysfunction 11) Lumbar Segmental Dysfunction 12) Sacral Segmental Dysfunction 13) Pelvis Segmental Dysfunction 14) Unspecified Chest Pain 15) RESPIRATORY ABNORMALITY, Unspecified 16) ORTHOPNEA, PM While Sleeping or Lying Down 17) PULMONARY INSUFFICIENCY, Secondary to Trauma/ Shock 18) DIAPHRAGM DISORDER/ Lazy-Relaxed Diaphragm 19) INSOMNIA, Secondary to Pain and Difficulty in Breathing Lying Down 20) FATIGUE, Secondary to Difficulty with Sleep and Increased Pain at Night. 21) Difficulty In Walking/ ALTERED GAIT 22) ANXIETY and STRESS related to the incident 23) INFLAMMATION and SWELLING, Upper Extremities/Neck/Trunk and Spine 24) 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) 805.2 2) 722.11 - Resolving 3) 782.0 - Resolving 4) 337.9 - Resolving 5) 728.87 - Resolving 6) 728.85 7) 847.1 - Resolving 8) 847.2 - Resolving 9) 848.40 - Resolving 10) 739.2 11) 739.3 - RESOLVED 12) 739.4 - RESOLVED 13) 739.5 - RESOLVED 14) 786.50 - Resolving 15) 786.00 - Resolving 16) 786.02 - Resolving 17) 518.5 - Resolving 18) 519.4 - Resolving 19) 307.42 20) 780.7 21) 719.7 22) 308.0 - Resolving 23) 716.95 - Resolving 24) 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 coming 2-3x a week since his last re-exam specifically for his Thoracic spine, chest and orthopnea. He has been receiving physiotherapy modalities and therapeutic exercises to strengthen his inner core muscles and to slowly correct the gibbous formation now remarkable from the anterior vertebral wedging of T8 causing a 12-15 degree anterior slant with the thoracic curve. He is showing slight improvements but since he was told surgery was an option but the patient is against this treatment at this time. We will continue conservative measures to avoid any surgical interventions. He will continue current treatment as recommended per Dr. Citow M.D. for 2-3x a week for 4 more weeks where another re-exam will be performed and will also continue the medication prescribed by Dr. Citow.

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 is not able to work at this time.

Work Status: this patient has been instructed to:	
<input checked="" type="checkbox"/>	Remain off work until: 07/09/07
<input type="checkbox"/>	Return to modified work on: _____ WITH THE FOLLOWING RESTICTIONS: (List all specific restrictions re: standing, sitting, bending, use of hands, etc.):
<input type="checkbox"/>	Return to full duty on _____ with no limitations or restrictions.

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

Date of exam: 06/18/07

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: 06/18/07

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

Specialty: Chiropractic Neurology and Rehabilitation

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