



Spine Institute of Waukegan
WORKERS COMPENSATION PROGRESS REPORT
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)
PTP - PROGRESS REPORT UPDATE - Head, Neck and Shoulder Injury
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 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: HEAD, NECK and SHOULDER INJURY

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#, Unknown, 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-EXAM of his neck, headaches, and R shoulder. Neck pain is much better and currently rates it a 4 out 10 in VAS. Neck pain is mostly on the right side and is only painful if he moves his neck in certain directions. Headaches are no longer frequent and only experience every couple of days. Right shoulder pain is still painful and currently rates it a 7 out 10 in VAS down from an 8 out 10 in VAS from last re-exam. Right shoulder pain is constant and worse with movements. Patient went to Dr. Visotksy M.D. at Illinois bone and Joint on June 13, 2007. Patient was told he needed surgery and it is scheduled for July 9, 2007. Patient is currently not working.

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

RANGE of MOTION:

Cervical Spine: Flexion 50 degrees with mild pain at end range, extension 40 degrees with pain at end range, left lateral flexion 40 degrees with pain at end range, right lateral flexion 40 degrees with pain at end range, rotation 65 degrees on left with pain at end range, and 68 degrees on right with pain at end range. Right Shoulder: Flexion 160 degrees with pain, abduction 145 degrees with pain starting at 60 degrees, internal rotation 30 degrees with severe pain at end range, external rotation 85 degrees with pain at end range extension 45 with pain at end range, and adduction 40 degrees at end range.

PALPATION:

Cervical Spine: Mild pain in bilateral cervical paraspinal muscles. Spinous process mildly tender at C4-C6. Right Shoulder: Ac joint mildly tender, coracoid process and bicipital groove area moderately tender, clavicle non-tender, anterior and middle deltoid moderately tender.

SPECIAL TESTS:

Cervical: (+) Compression, (+) Jackson's bilaterally, (+) Shoulder Depression Bilaterally, (+) Soto Hall. Right Shoulder: Apprehension test is (+), (+) supraspinatus test right.

NEUROLOGICAL:

Reflexes are (+2) for upper and lower extremities. Grip Strength is 45, 45 and 42 for the left; 32, 34 and 36 for the right.

Circumferential measurements(cm): Left wrist 16.5, left forearm 27, left elbow 27.25, left biceps 30, right wrist 17, right forearm 27.5, right elbow 28, right biceps 29.5.

**PTP - PROGRESS REPORT**

RE:  
DOI:  
DOE:

**Muscle Strength:** Shoulder abduction 3/5 on right and 5/5 on left, Shoulder flexion 4/5 on right and 5/5 on left, shoulder extension 4/5 on right and 5/5 on left, shoulder external rotation 4/5 on right and 5/5 on left, shoulder internal rotation 5/5 on left and 5/5 on right, cervical flexion 4/5, cervical extension 5/5, left lateral flexion 4/5 on left and 4/5 on right.

**MRI, X-ray, 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.)  
05/03/07 – MR/CT arthrogram of right shoulder done at Gurnee Radiology Center signed by Donal Hebel M.D.  
Partial undersurface tear of the distal supraspinatus tendon anteriorly. Mild bursitis. Negative exam for labral tear.

**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?)  
Evaluation from Dr. Visotsky on June 13, 2007 recommending surgery to his right shoulder and has scheduled patient accordingly.

**DX-Diagnoses:**

1. CONCUSSION w/ loss of consciousness of less than 30 min's	ICD-9 850.11 – Resolving
2. POST-TRAUMATIC HEADACHE	ICD-9 784.0 – Resolving
3. CERVICAL DISC INJURY/ SYNDROME	ICD-9 722.0
4. MUSCLE WEAKNESS, Upper Extremity/ C-sp	ICD-9 728.87
5. MUSCLE SPASMS, C-sp/ Traps	ICD-9 728.85
6. Cervical Sprain/Strain	ICD-9 847.0 – Resolving
7. Cervical Segmental Dysfunction	ICD-9 739.1 – Resolving
8. MULTIPLE VERTEBRAE DISPLACED, C-sp	ICD-9 839.08 – Resolving
9. ANXIETY and STRESS related to the incident	ICD-9 308.0
10. SHOULDER/ ROTATOR CUFF INJURY/ Supra.Tear	ICD-9 726.1
11. SHOULDER/ Upper Arm SP/ST - RIGHT	ICD-9 840
12. INFLAMMATION and SWELLING, Cervical Spine	ICD-9 716.95
13. ACCIDENTAL FALL from Scaffolding	ICD-9 E881.1

**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 seems to be improving in his neck mostly with mild improvement in his right shoulder. Patient is scheduled for surgery on July 9, 2007 for his right shoulder. Patient will continue 2x's a week with current rehabilitating exercises and physiotherapy modalities for a better surgery outcome and to continue with the cervical rehabilitation.

**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.)

Work Status: this patient has been instructed to:
<input checked="" type="checkbox"/> Remain off work until: <b>07/09/07</b>
<input type="checkbox"/> Return to modified work on: _____ <b>WITH THE FOLLOWING RESTICTIONS:</b> (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: 06/14/07  
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 any W/C Laws of Illinois that are known to me. Re-examination on patients are performed every 30 days or 12 visits, whichever comes first. Patient will continue with care for 30 more days.  
IL Lic. #: 038-010349

Signature: \_\_\_\_\_ Date: 06/14/07  
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) **(Use additional pages, if necessary)**