



Spine Institute of Waukegan
WORKERS COMPENSATION PROGRESS REPORT
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)
PTP - PROGRESS REPORT UPDATE
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 WCPR Form FR3 or WCFR-3 Form 040605.

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: FURTHER P/T NEEDED per MD (checked).

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.)
Patient presents for a re-exam. Patient feels he is getting better in his pains. He continues with left hand pain that currently rates it a 7 out 10 in VAS from an initial 10 out 10 in VAS. Left elbow pain is currently a 8 out 10 in VAS from an initial 10 out 10 in VAS. Left shoulder pain he currently rates it an 8 out 10 in VAS from an initial 10 out 10 in VAS. He says therapies are helping and is not sure what helps him the most. Pain is worse with movements. Patient is currently not working now due to TTD. Patient saw orthopedist Dr. Visotsky M.D. from Illinois Bone and Joint on 06/20/07. Patient was examined and had his removable cast from his finger replaced. Follow-up appointment was scheduled and further therapy recommended.

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

LEFT WRIST/HAND:
Range of motion in flexion 75 with pain, extension 76° with pain, ulnar deviation 25° with pain, and radial deviation 15° with pain. INSPECTION: No echymosis present. PALPATION: Tenderness throughout wrist bones mostly in lunate bone. Tenderness with mild spasm in wrist flexors and extensor muscles. Distal phalanx of 4th digit moderately tender throughout left ring finger (4th digit). SPECIAL TESTS: Sharp/dull are within normal limits. Vibration test tender at distal ring finger, (+) Tinel's, (-) Phalen's, and (-) modified phalens.

LEFT ELBOW:
Range of motion in flexion 160° with no pain, extension -5° with no pain, pronation 80° with no pain, and supination 80° with no pain. INSPECTION: Skin normal in appearance. No ecchymosis. PALPATION: No crepitation present. Tenderness throughout pronator and supinator muscles, biceps, and triceps. SPECIAL TESTS: (-) Valgus stress, (-) varus stress.

LEFT SHOULDER: Range of motion in flexion 170° with pain, extension 60° with pain, abduction 160° with pain, adduction 50° with pain, internal rotation 80° with pain, external rotation 80° with pain. INSPECTION: No skin rashes. PALPATION: Tenderness throughout deltoid musculature and left supraspinatus muscle. Nontender to palpation of clavicle, coracoid process, AC joint, greater tuberosity, and bicipital groove. SPECIAL TESTS: Speed's test (-), Yergason's test (-), Apprehension (-), (+) Supra-spinatous.

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RE:
DOI:
DOE:

MUSCLE STRENGTH:

Shoulder abduction 4/5 on left and 5/5 on right, shoulder external rotation 4/5 on left and 5/5 on right, shoulder internal rotation 5/5 bilaterally, elbow flexion 4/5 on left and 5/5 on right, elbow extension 4/5 on left and 5/5 on right, wrist flexion 4/5 on left and 5/5 on right, wrist extension 3/5 on left and 5/5 on right.

Grip strength: 07, 08, 05 with pain for left and 65, 70, 65 for right.

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 at this time.

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?)
06/20/07 – Evaluation from Dr. Visotsky M.D. from Illinois Bone and Joint Institute. Recommendations of continued therapy 3-4x a week for the next 4-6 weeks.

DX-Diagnoses:

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| 1. Closed Fracture Of Distal Phalanx Or Phalanges Of Hand | ICD-9 816.00 |
| 2. Mallot Finger, 4 th Distal Phalange | ICD-9 736.1 |
| 3. Limb Pain, Brachium, Anti-Brachium, Wrist and Hand/ Fingers | ICD-9 729.5 |
| 4. Sprain of the Interphalangeal Joint of Hand/ Finger, 3 rd and 4 th digit. | ICD-9 842.13 |
| 5. Tingling sensation throughout left upper extremity | ICD-9 782.0 |
| 6. Wrist sprain/strain | ICD-9 842.00 |
| 7. Elbow/Forearm Sprain/ Strain | ICD-9 841.9 |
| 8. Shoulder/Arm Sprain | ICD-9 840.9 |
| 9. Muscle spasms | ICD-9 728.85 |
| 10. Muscle weakness | ICD-9 728.87 |
| 11. Caught Accidentally In Or Between Objects | ICD-9 E918 |

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?

Since initial exam, patient initially started passive therapies such as physical therapy modalities and after a few visits he began rehabilitating exercises. Patient's muscle weakness warranted therapeutic exercises that included stretching, range of motion, and strengthening. Exercises are mainly concentrated to his left upper extremity. Patient appears to be improving objectively and subjectively thus treatment should be continued. Patient saw Dr. Visotsky M.D. from Illinois Bone and Joint for evaluation of his fracture and left upper extremity pain where continued treatment was recommended. Patient will continue current treatment plan 3-4x a week for 4 more weeks where another re-exam will be performed. Patient has a follow-up appointment with Dr. Visotsky M.D. on July 25, 2007.

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.)

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| <p>Work Status: this patient has been instructed to:</p> <p><input checked="" type="checkbox"/> Remain off work until: 07/06/07</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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RE:
DOI:
DOE:

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

Date of exam: 06/25/07

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: 06/25/07

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)