



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 reasons for reporting: 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: CO-MANAGED CARE w/ Dr. PEREZ, DPM

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 follow-up exam. He had foot surgery around April 12, 2007 performed by Dr. Perez. Patient's foot was placed in a cast after surgery and was removed two days ago May 29, 2007. Since surgery patient was following up with Dr. Perez. He currently has left foot pain that is constant. He describes his pain as burning and throbbing with numbness. Patient has not been working. He is using a removable leg boot at this time and is using crutches. He is currently taking pain medications prescribed by Dr. Perez. At times, Mr. Garcia has trouble sleeping at night due to pain in his foot. He presents with a script from Dr. Perez for treatment daily f/b 3x's/wk and evaluation.

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

LEFT FOOT: Range of motion in plantar flexion 15 degrees with pain, dorsiflexion 10 degrees with pain, inversion 10 degrees with pain, eversion 5 degrees with pain. INSPECTION: Echymosis and moderate swelling noted throughout foot. Patient exhibits a 1cm scar in two different locations, one at the superior region of the Tarsal/Metatarsal region medially and then another that is located just south of there near the calcaneus. It would appear that the scars are healing up nicely. PALPATION: Crepitation noted. Moderate-to severe tenderness throughout foot mostly in plantar side with palpation. There is much pain over the scars and where the bony screws were put into place. Patient cannot place any significant weight, if any, on the plantar surface. SPECIAL TESTS: Sharp/dull and vibration is distinguishable but with decreased sensation throughout L4-S1 dermatones.

NEURO: Patient is unable to walk on his left heels and toes due to pain. Reflexes +2 and symmetrical for lower extremities.

Circumferential measurements (cm): Thigh 45 for left and 46 for right, Knee 34 for left and 35 for right, Calf 35.5 for left and 37 for right, Ankle 24 for left and 23 for right, Foot 28 for left and 27 for right. *(There is disuse atrophy in the left calf from being in the cast and increased swelling in the ankle which is exhibited in the measurements.)

MUSCLE STRENGTH: Hip Flexors 5/5 for L and 5/5 for R, Knee extensors 4/5 for L and 5/5 for R, Knee flexors 4/5 for L and 5/5 for R, Foot inversion 3/5 for L and 5/5 for R, Dorsiflexion 4/5 on L and 5/5 on R, Foot eversion 3/5 on L and 5/5 on R.

PTP - PROGRESS REPORT

RE:
DOI:
DOE:

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.)

01/31/07 – Radiologist report from Rocky Mountain Chiropractic Radiological Center signed by Dr. Barry D.C., D.A.C.B.R. Left foot shows deformity of calcaneus with region of radiolucency through the mid portion of this bone and a region of density more posteriorly. Remaining osseous structures appear somewhat osteopenic. Minimal displaced fracture involving the calcaneus. Fracture fragments appear well opposed.

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 is being co-managed with foot specialist Dr. Perez, DPM.

DX-Diagnoses:

1. Left effects of fracture of lower extremity	ICD-9 905.4
2. Acute Postoperative pain	ICD-9 338.18
3. Left foot numbness	ICD-9 782.0
4. Generalized muscle weakness lower extremities	ICD-9 728.87
5. Disuse atrophy	ICD-9 728.2
6. Difficulty walking.	ICD-9 719.7
7. Late effects from accidental fall from scaffolding	ICD-9 E929.3

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 not received passive therapy/ rehab treatment since his surgery around April 12, 2007. He of course has been under direct supervision, medically speaking; with Dr. Perez. He had his cast removed recently with significant subjective and objective problems as expected such as bone loss or demineralization from non-weight bearing, but the surgery appears to have been successful. It will be important for the patient to continue with rehab and Physical Therapy to get strength back as well as bone density. The patient, because of non-weight bearing, has loss bone density and significant mineral mass depletion which will slow the initial stages of care, but eventually, will be fine. Because of the hardware placed into the cubital bone that was displaced, the tarsal bone must heal with the surrounding hardware that is holding it into place secondary to the ligamentous disruption. Initial therapy will be passive physical therapy modalities and mild active therapy. Active therapy will initially include range of motion and proprioceptive exercises with some weight bearing until he is ready for more aggressive rehab. He will come daily as requested for a week to two weeks followed by 3x’s a week thereafter for 4 weeks where another re-exam will be performed. Goal by next re-exam will be to decrease inflammation and pain, improve range of motion and possibly strength and increase the weight bearing on the foot itself.

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: <u>07/05/07</u>
<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: 05/31/07

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: 05/31/07

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