



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

OFFICIAL CLINIC 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: 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: Cont. Tx.

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

Form with fields: Last, First, MI, Sex, D.O.B., Address, City, State, Zip, Occupation, SS#, Phone

Claims Administrator: DOI:

Form with fields: Name, Claim Number, Address, City, State, Zip, Phone, Fax

Attorney: *(If Applicable)

Form with fields: 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 states he is getting better with therapies and overall feeling better. Right elbow pain is mainly with movements and no longer constant. Patient states if he tries to open a jar at home he has pain in the right elbow. Patient is able to sleep at night without pain. He went to see Dr. Visotsky M.D. at Illinois Bone and Joint Inst. for follow-up appointment on June 27, 2007. Patient is currently not working right now since there is no available work for him. Patient saw Dr. Gomman M.D. for diagnostic ultrasound on 06/27/07.

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

RIGHT ELBOW: Range of motion in flexion 145 with mild soreness at end range, extension 05-10 degrees in loss of extension with pain at end range, pronation 70° with mild pain in elbow, supination 80° with no pain.

INSPECTION: No swelling noted. No bruising noted. PALPATION: Tenderness over radial head and medial epicondyle. SPECIAL TESTS: Grip strength 55, 50, and 54 for right side, and 65, 60, and 65 for left side.

RIGHT WRIST: Range of motion within normal limits. INSPECTION: No rashes. PALPATION: Tenderness over lunate bone area. SPECIAL TEST: Phalen's test (+) with pain in lunate bone. (-) Reverse phalen's. (-) Tinels.

NEURO: Reflexes for upper extremities 2+ bilaterally and symmetrical.

MUSCLE STRENGTH: Shoulder Ext. Rotation 5/5 for L and 5/5 for R, Shoulder Int. Rotation 5/5 for L and 5/5 for R, Elbow flexion 5/5 for left and 4/5 for right with pain, Elbow extension 5/5 for left and 4/5 for right with pain, Wrist flexion 5/5 for left and 5/5 for right, Wrist extension 5/5 for left and 4/5 for right.

CIRCUMFERENTIAL MEASUREMENTS (cm): Biceps 30 for left and 31 for right, elbow 26.5 for left and 27.5 for right, forearm 27 for left and 26.5 for right, wrist 17 for left and 17 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.

PTP - PROGRESS REPORT

RE:
DOI:
DOE:

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?)

Dr. Visotsky M.D. 06/27/07
Dr. Gomman M.D. 06/27/07

DX-Diagnoses:

1. Accidental Fall From Ladder	ICD-9 E881.0
2. Late Effects Of Accidental Fall	ICD-9 E929.3
3. Malunion of Fracture, Right Elbow	ICD-9 733.81 - Resolving
4. Late Effect Of Fracture Of Upper Extremities	ICD-9 905.2 - Resolving
5. Deformity of elbow/ Impaction Fracture-Radial Head, Healed	ICD-9 736.00 - Resolving
6. Tenosynovitis of right wrist	ICD-9 727.05 - Resolving

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 receiving treatments 3x a week since last re-exam. He is showing improvements in signs and symptoms. He recently saw Dr. Visotsky M.D. for a follow-up examination. Patient was also referred to Dr. Gomman M.D. for diagnostic ultrasound for further evaluation of his elbow. Patient's range of motion is still limited with tenderness, but improving. Patient will return to work on July 2, 2007 with no restrictions. He will continue with therapy 2x a week and another re-exam in 30 days where he most likely will be released.

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:

Remain off work until:

Continue modified work on:

Return to full duty on 07/02/07 with no limitations or restrictions.

Primary Treating Physician: (Original signature, do not stamp) Date of exam: 06/28/07

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. #: 038-010675

Signature: _____ Date: 06/28/07
Executed at: Lake County, Illinois Specialty: Chiropractic P/T and Rehabilitation
Name: Marcello Leao, D.C. 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)