



State of Illinois
Workers' Compensation Commission
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)
PTP - PROGRESS REPORT UPDATE

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 (required 30-45 days after last 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.

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#, Phone.

Claims Administrator: DOI:

Form for Claims Administrator: Name, Claim Number, Address, City, State, Zip, Phone, Fax.

Attorney: \*(If Applicable)

Form 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.)

Patient presents for re-exam. Patient says his pain is much less and only experiences it when he forcefully flexes his wrist. He also hears cracking sounds with mild pain with wrist movements. He is able to sleep at night without pain. He currently rates his wrist pain a 2 out of 10 in VAS. Patient is currently not working at this time. He has a follow-up appointment with Dr. Visotsky at Illinois Bone and Joint tomorrow.

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

RIGHT WRIST:

Range of motion in flexion 90° with mild pain at end range with audible crepitus, extension 75° with no pain, ulnar deviation 30° with no pain, and radial deviation 20° with no pain. INSPECTION: No swelling noted. PALPATION: Mild tenderness in lunate bone area. SPECIAL TESTS: Sharp/dull and vibration test are within normal limits. (-) Tinels, (-) Finkelstiens's, (+) Phalen's causing mild pain in lunate bone area., and (-) modified phalens. Grip strength 94, 95, and 95 for Left and 80, 81, and 82 for right.

CIRCUMFERENTIAL MEASUREMENTS: Wrist 18.5cm for right and 19cm for left, forearm 29.5cm for right and 29.5cm for left, elbow 29.5cm for right and 29 for left, biceps 31.5cm for right and 32cm for left.

NEURO: Reflexes within normal limits for upper extremities.

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?)

No new additions at this time.

DX-Diagnoses:

Table with 2 columns: Diagnosis (e.g., Chronic Scapholunate Dissociation, Tenosynovitis of Right Wrist) and ICD-9 code (e.g., 718.83, 727.05).

**PTP - PROGRESS REPORT**

RE:  
DOI:  
DOE:

**DX-Diagnoses: (continued)**

7. Stiffness of wrist joint	ICD-9 719.53
8. Ligament Laxity	ICD-9 728.4
9. Median Nerve compression	ICD-9 354.0

**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 treatment 1x a week since his last re-exam. He has improved in pain scale and objective findings. Patient was originally a surgical candidate but we still have not received a report from IME doctor that Mr. Montes attended back in February. Mr. Montes has an appointment tomorrow with Dr. Visotsky for a follow-up appointment since he is still experiencing pain. Since no recommendations from IME has been received, we will rely on the upper extremity specialist Dr. Vitsotsky's opinion on recommendations. Patient will continue 1x for 4 more weeks since he is showing improvement, or until a report from Dr. Visotsky or IME is received.

**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: TTD until 06/12/07 or until a report from Dr. Visotsky is received.

Return to modified work on: \_\_\_\_\_ **WITH THE FOLLOWING RESTICTIONS:**  
(List all specific restrictions re: standing, sitting, bending, use of hands, etc.):

Return to full duty on \_\_\_\_\_ with no limitations or restrictions.

**Primary Treating Physician:**

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.

Date of exam: 05/15/07

IL Lic. #: 038-010349

Signature: \_\_\_\_\_

Executed at: Lake County, Illinois

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

Address: 2634 Grand Avenue, Suite #100, Waukegan, IL 60085

Date: 05/15/07

Specialty: Chiropractic Neurology and Rehabilitation

Phone: (847) 775-0800

WCC Form PR-2 (Rev. 8/29/05)

**(Use additional pages, if necessary)**