



Spine Institute of Waukegan
Workers' Compensation Progress Report
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)
PTP - FINAL 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 report types: Periodic report, Change in Work Status, Change in patient's condition, Change in treatment plan, Need for referral or consultation, Need for surgery or hospitalization, Info. Requested by, Discharged, and Other: PATIENT DISCHARGED.

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, Address, Phone, Claim Number, City, State, Zip, Fax.

Attorney: *(If Applicable)

Form for Attorney: Name, Address, Phone, Claim Number, City, State, Zip, 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. Patient states his right elbow pain is much better. He is working without restrictions and only has pain when trying to lift with the elbow extended. For the most part he is able to perform most job activities without pain. He feels soreness in right elbow at times after work and applies ice when needed. He has been doing home exercises on a regular basis. He is able to sleep at night without pain. He feels surgery and therapies have helped him very much. He has a follow-up appointment with Dr. Visotsky M.D. on January of 2008.

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 no pain, 05 degrees in loss of extension with mild pain at end range in olecranon fossa, pronation 80° with no pain, supination 80° with no pain. INSPECTION: No swelling noted. No bruising noted. Surgical scar on lateral side of elbow that appears to be healed well. PALPATION: Medial and lateral epicondyles non-tender. Mild tenderness over radial head. SPECIAL TESTS: Valgus and Varus stress negative. Grip strength 55, 50, and 55 for right side, and 60, 65, and 60 for left side.

RIGHT WRIST: Range of motion within normal limits. INSPECTION: No rashes. PALPATION: No tenderness throughout wrist bones. SPECIAL TEST: Phalen's test (-), (-) 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 5/5 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 5/5 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 - FINAL 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?)

No new additions

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 - RESOLVED
4. Late Effect Of Fracture Of Upper Extremities	ICD-9 905.2 - RESOLVED
5. Deformity of elbow/ Impaction Fracture-Radial Head, Healed	ICD-9 736.00 - PERMANENT
6. Tenosynovitis of right wrist	ICD-9 727.05 - Resolving
7. Weakness, Right Upper Extremity	ICD-9 728.87

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 last re-exam 4 weeks ago, patient has been receiving treatments such as therapeutic exercises and physiotherapy modalities. He has improved much in pain scale and range of motion. He continues with mild pain with movements/palpation and mild loss of extension to the right elbow but has had a tremendous recovery from the work injury to his elbow and is very pleased and happy about the therapy administered, surgical procedure and other treatments he was given that allowed him to get well. He at this time appears to have reached maximum medical improvement. He has been released to HEP and shown again in office home exercises for his elbow and wrist with recommendations to continue the exercises. Patient may need future care since he continues with mild pain and loss of range of motion, and is prone to aggravations of his pain, but are confident at this time, his prognosis is excellent. He will be released/discharged from our care since he has reached MMI. He will be given a script for an in home IF unit and Thermobody Heating Pad, that will assist him with his days of pain increase or swelling. This will be administered through ADVANCED MEDICAL SUPPLIES of Chicago directly who will assist him in obtaining this under the workers comp act. This will mitigate costs of any future flare-ups or treatment needed for his condition.

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.)

No change; Patient was sent to work full duty on 07/02/07.

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

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: 08/03/07

IL Lic. #: 038-010675

Signature: _____

Executed at: Lake County, Illinois

Name: Marcello Leao, D.C.

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

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

Date: 08/03/07

Specialty: Chiropractic P/T and Rehabilitation

Phone: (847) 775-0800

(Use +additional pages, if necessary)