MEDICAL DOCUMENTATION : DO NOT DETACH
Followup Patient Narrative

U.S. HealthWorks
2499 S. Wilmington Ave.
Compton CA 90220
Ph: 310 638-1113

Date of Service:	04-26-2013
Patient Name:	Santillan, Rosario
Patient Account Number:	156238753
Date Of Injury:	02-22-2013 12:00
Date Of Birth:	03-26-1967
Employer Name:	PREMIER PERSONNEL RESOURCES
Claim #:	TWCS-1588
Chart #:	EMR/ Yb

Patient Status:
Since the last exam, this patient's condition has: Not improved significantly

History Of Present Illness:
Patient is here for follow up visit for injury sustained on 02-22-2013 12:00.
The patient reports that their condition is the same - Patient reports they followed the treatment plan as directed. The patient states that treatment was tolerated. Patient is currently on modified duty .
Comments: Patient still has pain to her low back. She attended 2 Physical Therapy sessions so far..
Back Complaints / Symptoms
Complaint: Patient's complaint at this time is as follows: pain - low back. Patient describes the symptom(s) as dull. She says it is mild. She reports having symptoms for 63 days. The frequency is intermittent.
Associated Symptoms: The patient denies dysuria . The patient denies polyuria . The patients states there is no hematuria . The patient denies fever, chills, and sweats . The patient denies parasthesias . The patient states the back pain does not radiate . The patient complains of limited back motion - . The patient denies any leg weakness . The patient states there is no numbness or tingling of the lower extremities . The patient denies any changes in bowel habits . The patient denies any bladder or bowel dysfunction .

Occupational history: Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 50lbs.
She denies any lost work-time as a result of this injury. She denies any other source of employment.
Surgeries: No Known Surgical History

Medical History: Patient denies history of ulcers or gastritis. No history of Diabetes. Patient states no known major/recurrent illnesses/injuries.

Tetanus History:
Last tetanus - unk.

Family History: Diabetes in relatives.
Social History: Alcohol or Tobacco use: She does not use tobacco. Denies alcohol use.

Review Of Systems:
A review of the patient's Family History, Social History, Medical History, Allergy, Current Medication and Surgery and a

complete review of systems obtained from the health history completed on 02-25-2013 was done and any interval changes are noted.
Constitutional Symptoms: Recent weight change - .
Women Only: Menstrual irregularities. .

Current Medications at the start of Encounter:
Omeprazole D.R. 20mg #30 . 1 capsule daily. prevent upset stomach from medications, , Dispense 1 Container
Orphenadrine Citrate ER 100mg Tabs #30 . 1 at bedtime/ 1 al acostarse, Dispense 1
Polar Frost 150ml 5oz Gel Tube 1 Twice A Day PRN , Dispense 1 Container
Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet every eight hours as needed for pain , Dispense 1 Container
Etodolac ER 600MG #15 . 1 once daily with food for pain and inflammation / 1 once al dia con comida para dolor y inflamacion, Dispense 1 Bottle
Allergies:
No Known Drug Allergies.

Physical Examination:
Pulse: 70/min. BP: 108/62 mmHg. Temperature: 98.6 deg F Respiration: 18 per min.

On a severity scale the pain is 8 out of 10.

Constitutional: The patient is a well-developed, well-nourished female.
Psychiatric: Mood and affect appear appropriate .
Respiratory: There are no apparent signs of respiratory distress .
Gastrointestinal: Abdominal palpation is normal .
Genitourinary: Costovertebral angle tenderness for renal involvement is not noted .
Musculoskeletal: The patient ambulates with a normal gait, full weightbearing on both lower extremities . The patient has normal posture . There is no weakness of the lower extremities . The spine is not kyphotic . The patient does not have scoliosis . The patient has no loss of lumbosacral lordosis . The pelvis is symmetrical . There are spasms of the paravertebral musculature . There is tenderness of the paravertebral musculature - . Range of motion of the back is restricted. Flexion with the fingertips approximating the knee . Extension 15/30 deg. lateral flexion L 30/45 deg R 30/45 deg, lateral rotation L 15/30 deg R 15/30 deg.
Cardiovascular: The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.
Neurologic: Heel/toe ambulation is performed without difficulty . Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative. The back muscles display no weakness .

Diagnoses
Sprain/Strain Lumbar (847.2)
Muscle Spasm Back (724.8)
Pain - Back (724.2)

Treatment Plan
Last Saved By: Admin Admin 04-26-2013 15:33:49

Medications to be Continued until Next Visit:
Omeprazole D.R. 20mg #30 . 1 Capsule qd pc 30 Days TO PREVENT GASTRIC IRRITATION, Hx nausea/vomiting x1
Orphenadrine Citrate ER 100mg Tabs #30 . 1 at bedtime

Polar Frost 150ml 5oz Gel Tube 1 twice daily
Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet at bedtime
Etodolac ER 600mg #15 . 1 Tablet Once A Day

Supplies:

Item Name	Quantity	Hcpc / Cpt
Heat-Thermacare Heat Wrap Back/Hip Lg/Xlg (2/Bx)	1	E1399

Treatment Plan Comments: Continue medications. Continue Physical Therapy. Thermacare Heat wraps x 2 bxs for deep penetrating heat and relax tight muscles. Recheck one w eek.

WORK STATUS:

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 04-26-2013.

Work Restrictions:
Limited stooping and bending
Limited Lift, Limited Push and Limited Pull
up to 10 ibs.
Patient must wear back support.

Patient Education:
Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.

Additional Treatment: Patient should continue Physical Therapy treatment.

Narin . Phuong. P.A.
This has been electronically signed on 04-26-2013

Michael Lee D.O.
Supervising Provider

Next Appointment with Phuong Narin on 05-03-2013 03:30 pm.

HealthWorks MEDICAL GROUP

ESTABLISHED PATIENT STATEMENT
DECLARACIÓN DEL PACIENTE
WC

Name (Nombre): Rosario Santillan SSN (Seguro Social): 620-26-3894 Date (Fecha): 4/26/13

Telephone (Teléfono): Home (Casa): _____ Cell (Celular): 323 617 77 22

Date of Injury (Fecha de Lesión): 2/22/13 Employer (Nombre de la Compañía): _____

1. Since your last visit, are you ☐ improved? ☐ worse? ☒ unchanged?
   ¿Desde su última visita, se ha sentido mejorado? empeorado? igual sin cambios?

2. Since your last visit, have you developed any new complaints? ☐ Yes (Sí) ☒ No
   ¿Desde su última visita, ha usted presentado nuevos síntomas o dolencias?

If you have not improved since your last visit, or if you have developed new problems, please explain in the space below.
(Si no se ha mejorado desde su última visita, o si ha presentado nuevos síntomas o dolencias, por favor explique en el espacio a continuación.)

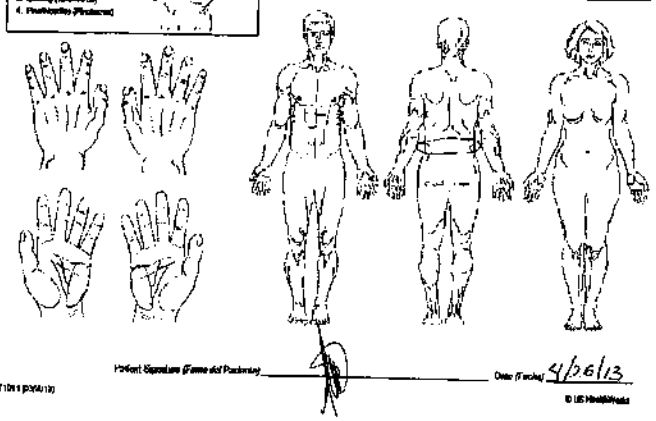
PLEASE COMPLETE THE FOLLOWING DIAGRAM (Por favor complete el diagrama a continuación.)
If you feel any of the symptoms below, mark the areas of the body where you feel them on the figures below and indicate the type of symptom.
Si siente alguno de los síntomas listados a continuación, indique el tipo de síntoma y cuerpo en las figuras la zona del cuerpo en donde los siente.

Symptoms (Síntomas)	Example (Ejemplo)
1. Pain (Dolor)	
2. Numbness (Adormecimiento)	
3. Burning (Ardor)	
4. Pins/Needles (Pinchazos)	

Rate the intensity of your pain. Indique la intensidad de su dolor.

NO PAIN SIN DOLOR — MOST PAIN DOLOR INTENSO

0 1 2 3 4 5 6 7 8 9 10



Patient Signature (Firma del Paciente) _____ Date (Fecha) 4/26/13

ST1011 (03/10/13)

U.S. HealthWorks
2499 S. Wilmington Ave., Compton
CA 90220
Ph: 310 638-1113

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Patient Name: Last: Santillan First: Rosario MI: DOB: 03-26-1967 Date of Service: 04-26-2013 Case #: 156238753

Occupation: Packing SS#: 620-20-3894 Date of Injury: 02-22-2013 12:00 Claim #: TWCS-1588

Employer: PREMIER PERSONNEL RESOURCES Contact: MARINA PADILLA Tel. (310)515-2632 Fax. (310)515-5317

Claims Administrator: YORK CLAIMS Tel. (877)751-0133 Fax. (866)548-2637

REASON FOR SUBMITTING REPORT (Check all that apply. If any box aside from "OTHER" applies, this report qualifies as mandatory)

( ) Change in patient's condition ( ) Need for referral or consultation ( ) Information requested by:
( ) Change in work status ( ) Need for surgery or hospitalization ( ) Released from care ( ) Request for authorization
( ) Change in treatment plan ( ) Periodic Report (45 days after last report) ( )Other:

PATIENT STATUS Since the last exam, this patient's condition has:

( ) improved as expected ( ) improved, but slower than expected (X) not improved significantly
( ) worsened ( ) reached plateau and no further improvement is expected ( ) been determined to be non-work related

SUBJECTIVE COMPLAINTS

History Of Present Illness:

Patient is here for follow up visit for injury sustained on 02-22-2013 12:00.
The patient reports that their condition is the same - Patient reports they followed the treatment plan as directed. The patient states that treatment was tolerated. Patient is currently on modified duty .
Comments: Patient still has pain to her low back. She attended 2 Physical Therapy sessions so far..

Back Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain - low back. Patient describes the symptom(s) as dull. She says it is mild. She reports having symptoms for 63 days. The frequency is intermittent.

Associated Symptoms: The patient denies dysuria . The patient denies polyuria . The patients states there is no hematuria . The patient denies fever, chills, and sweats . The patient denies parasthesias . The patient states the back pain does not radiate . The patient complains of limited back motion - . The patient denies any leg weakness . The patient states there is no numbness or tingling of the lower extremities . The patient denies any changes in bowel habits . The patient denies any bladder or bowel dysfunction .

Occupational history: Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 50lbs.
She denies any lost work-time as a result of this injury. She denies any other source of employment.

OBJECTIVE FINDINGS

Physical Examination:

Pulse: 70/min. BP: 108/62 mmHg. Temperature: 98.6 deg F Respiration: 18 per min.
Severity: The severity of the pain was 8/10.

Constitutional: The patient is a well-developed, well-nourished female.

Psychiatric: Mood and affect appear appropriate .
Respiratory: There are no apparent signs of respiratory distress .
Gastrointestinal: Abdominal palpation is normal .
Genitourinary: Costovertebral angle tenderness for renal involvement is not noted .
Musculoskeletal: The patient ambulates with a normal gait, full weightbearing on both lower extremities . The patient has normal posture . There is no weakness of the lower extremities . The spine is not kyphotic . The patient does not have scoliosis . The patient has no loss of lumbosacral lordosis . The pelvis is symmetrical . There are spasms of the paravertebral musculature . There is tenderness of the paravertebral musculature - . Range of motion of the back is restricted. Flexion with the fingertips approximating the knee . Extension 15/30 deg, lateral flexion L 30/45 deg R 30/45 deg, lateral rotation L 15/30 deg R 15/30 deg.
Cardiovascular: The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.
Neurologic: Heel/toe ambulation is performed without difficulty . Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative. The back muscles display no weakness .

Diagnostic Tests: Comments: Patient still has pain to her low back. She attended 2 Physical Therapy sessions so far..

DIAGNOSES: (Include ICD-9 code, if possible)

Sprain/Strain Lumbar (847.2)
Muscle Spasm Back (724.8)
Pain - Back (724.2)

TREATMENT PLAN

Office Visit / Injury Treatment:

Physical Therapy	( ) Start (X) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
Chiropractic Therapy	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
Occupational Therapy	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
Acupuncture	( ) Start ( ) Continue ( ) Renew	( ) # of visits		( ) Cancel ( ) Pending
Ergonomic Evaluation	( ) Start		Other: ( )	

Supplies Dispensed:

Item Name	Quantity	Hcpc / Cpt
Heat-Thermacare Heat Wrap Back/Hip Lg/Xlg (2/Bx)	1	E1399

Treatment Plan Comments: Continue medications. Continue Physical Therapy. Thermacare Heat wraps x 2 bxs for deep penetrating heat and relax tight musdes. Recheck one w eek.

Patient Education:
Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.

Additional Treatment: Patient should continue Physical Therapy treatment.

WORK STATUS:

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 04-26-2013.

Work Restrictions:

Limited stooping and bending

Limited Lift, Limited Push and Limited Pull up to 10 lbs.

Patient must wear back support.

DISCHARGE STATUS:

( ) Released from care. Return to full duty on () with no limitations or restrictions.

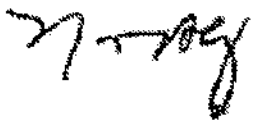
( ) Patient discharged as permanent and stationary with either impairment, work restrictions, and/or need for future medical care. A PR-4 to follow.

( ) NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

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.

Signature (Original)



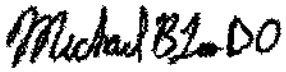
Name: **Narin Phuong, P.A.**

Cal. Lic. #: **PA14178**

Specialty: **Occupational Medicine**

Date of Exam: **04-26-2013**

Signature (Original)



Michael Lee D.O.

Supervising Provider

Cal. Lic. #: **20A10591**

NEXT APPOINTMENT

Next Appointment with Phuong Narin on 05-03-2013 03:30 pm.

Executed at: **US HealthWorks 2499 S. Wilmington Ave., Compton CA 90220 Ph:310 638-1113**

Check In Time: **04-26-2013 3:23**